

**Career and Technical Education  
New York State Education Department  
Approval Application for CTE Programs: Part 1**

This application for initial approval must be submitted no later than October 1, 2025 for programs that wish to obtain approval for the 2026-2027 school year. Please complete an application for EACH program seeking approval.

A. Program Information						
School district or BOCES: St. Lawrence-Lewis BOCES			Agency code: 519000000000			
Program name: Health, Emergency and Rescue Occupations			CIP code (See <a href="#">CTE web page</a> for list of CIP codes): 51.0904			
Program site(s) (Please identify below <b>all</b> locations where program content is delivered):			Location BEDS code(s) (Please list below the location BEDS codes for <b>all</b> sites in which program content is delivered):			
Southwest Technical Center, Fowler, NY			800000081886			
Contact name: Lori Sheffield  Contact address: 40, West Main Street  Canton, NY 13617  Contact phone: (315) 386 - 4504 Contact e-mail address: lori.sheffield@slboces.org			Contact information to be posted on SED's website (if different)  Contact name:  Contact phone:  Contact e-mail address:			
Has this proposed program been offered as a NYSED-approved CTE program in the last five years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Operational approval is <b>required</b> for appearance enhancement, barbering, and health sciences programs only. Has the program achieved operational approval status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
B. Program Data						
What is the total anticipated enrollment in this specific CTE program for each academic year?		Of this total, what is the anticipated enrollment for students with IEP plans?		Of this total, what is the anticipated enrollment for students with Section 504 plans?		
Grade 9 Grade 10 Grade 11 13 Grade 12 14 Cumulative Total 27		Grade 9 Grade 10 Grade 11 1 Grade 12 0 Cumulative Total 1		Grade 9 Grade 10 Grade 11 2 Grade 12 0 Cumulative Total 2		
C. Self-Study						
Complete the Self-Study Section C in part 2 of the application. <input checked="" type="checkbox"/>						
D. Program Content						
Complete the Program Content Section D in part 2 of the application and the related information below. <input checked="" type="checkbox"/>						
How many total units of <b>credit</b> is this program of study? 8 total, 4 credits per year						
How is the content of Career and Financial Management delivered? This one-half unit of instruction is a required component of all CTE programs.				Embedded <input checked="" type="checkbox"/>		Stand-alone <input type="checkbox"/>
Which <b>integrated</b> units of credit are you seeking approval for in this application?		None <input type="checkbox"/>	ELA <input checked="" type="checkbox"/>	Mathematics <input checked="" type="checkbox"/>	Science <input checked="" type="checkbox"/>	Social Studies <input type="checkbox"/>
Which <b>specialized</b> units of credit are you seeking approval for in this application?		None <input checked="" type="checkbox"/>	ELA <input type="checkbox"/>	Mathematics <input type="checkbox"/>	Science <input type="checkbox"/>	Social Studies <input type="checkbox"/>

### E. Work-Based Learning (WBL)

Complete the Work-Based Learning (WBL) Section E in part 2 of the application and the related information below. ☒

What types of work-based learning opportunities will be available to students in this specific CTE program? For clarification, see [WBL manual](#).

New York State Registered Programs (include expiration date)	Unregistered WBL Experiences	
Cooperative CTE Work Experience Program (CO-OP) <input checked="" type="checkbox"/> Expiration date: 8/31/2027	School-based enterprise <input type="checkbox"/>	Supervised clinical experience (Health Sciences <b>requirement</b> ) (please also submit a copy of the current affiliation agreement(s) with application) <input checked="" type="checkbox"/>
Career Exploration Internship Program (CEIP) <input type="checkbox"/> Expiration date:	Industry-based projects <input checked="" type="checkbox"/>	
General Education Work Experience Program (GEWEP) <input type="checkbox"/> Expiration date:	Job shadowing <input checked="" type="checkbox"/>	Unregistered school-year/summer internships <input type="checkbox"/>
	Community service/volunteering <input checked="" type="checkbox"/>	Other <input type="checkbox"/> (please explain)

### F. Employability Profile

Complete the Employability Profile Section F in part 2 of the application. ☒

### G. Technical Assessment

Provide name of vendor, agency or consortium that developed the (A) written and (B) performance part of the technical assessment. Provide a brief description of (C) locally developed project/portfolio.

A. Third party, industry-developed written examination(s)  
NYS Emergency Medical Technician Exam, NYS Certified First Responder Exam

B. Third party, industry-developed student demonstration(s) of technical skills (performance)  
NYS Practical Skills Exam for Both CFR or EMT

C. Locally developed project/portfolio  
Incident Command - Mass casualty event

Note: Consortium developed assessments are allowed only when no technical examination exists in a particular field; the assessment must include written examination(s), student demonstration(s) of technical skills, and student project/portfolio(s). Students must pass all three parts.

### H. Postsecondary Articulation Agreement

Complete the Postsecondary Articulation Agreement Section H and the related information below. ☒

With which postsecondary partner(s) do you have an articulation agreement? SUNY Canton

What are the benefits to the student?	College credit <input checked="" type="checkbox"/>	Advanced standing <input checked="" type="checkbox"/>	Reduced tuition <input type="checkbox"/>	Other, please specify <input type="checkbox"/>
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### I. Faculty

Complete the Faculty Certifications Section I. ☒

### J. External Review Committee

Complete the External Review Committee Section J. ☒

### K. Chief Administrator's and Board President's Certification

I hereby certify that all components of the Career and Technical Education Program reported herein are available to students upon approval of this application by the State Education Department. I certify that data on student progress and performance to evaluate student success on Regents examinations or approved alternatives, technical assessments, and placement in employment, the military or postsecondary education programs will be made available to the State Education Department upon request.

Name Darin Saiff

Title District Superintendent

Date 9/10/25

Signature of Superintendent \_\_\_\_\_

Name Roger Bennett

Title Board President

Date 9/10/25

Signature of Board President: \_\_\_\_\_

**Submission requirements:** This application form (Part 1) must be submitted both electronically and as a mailed paper copy. This application form must be emailed to [emsccte@nysed.gov](mailto:emsccte@nysed.gov) as a **Microsoft Word document**.

Initial applications for new programs seeking implementation for the 2026-27 school year must be submitted no later than October 1, 2025. Programs must receive approval by December 1, 2025, to ensure students are enrolling in a NYSED-approved CTE program and can be reported to the Student Information Repository System (SIRS) for the 2026-27 school year.

A paper copy of this application form with **original signatures of the superintendent and board president** must be mailed to:

CTE Program Approval  
New York State Education Department  
Office of Career and Technical Education  
89 Washington Avenue, Room 315 EB  
Albany, New York 12234

09/23/2024