

# Workforce Pell Program Application for the State of Arkansas

Academic Year 26-27 Program Eligibility (July 1, 2026 - June 30, 2027)

Institution Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

CIP Code: \_\_\_\_\_ SOC Code(s): \_\_\_\_\_ Instructional Weeks: \_\_\_\_\_

Clock Hours: \_\_\_\_\_ or  Credit Hours: \_\_\_\_\_ (  semester/trimester or  quarter)

By checking this box, the undersigned attests that the program submitted meets the following requirements:

- Provides an education aligned with the requirements of high-skill, high-wage or in-demand industry sectors or occupations, as defined by the state;
- Meets the hiring requirements of employers in such sectors or occupations;
- Leads to a recognized postsecondary credential that is stackable and portable across more than one employer, or prepares such students for employment in an occupation for which there is only one recognized postsecondary credential;
- Prepares students to pursue one or more certificate or degree programs at one or more eligible institutions by ensuring upon completion and enrollment in a related program, students will receive academic credit that is accepted toward meeting certificate or degree requirements;
- Aligns with employer-defined competencies needed in the designated industry sector or occupation;
- Is not a correspondence course, part of a study abroad program, or part of a direct assessment (competency-based) program; and
- No more than 25 percent of the program is offered by an ineligible institution or organization or less than 50 percent if it serves as the related instruction component of a Registered Apprenticeship program.

By checking this box, the undersigned attests that the institution is Title IV eligible and has not been subject to any suspension, emergency action, or termination of eligible Title IV programs submitted for approval during the five years preceding the date of the determination.

By checking this box, the undersigned attests that the institution is accredited by an agency recognized by the United States Department of Education and is in good standing with such accreditation agency.

By checking this box, the undersigned attests that the institution has committed to teach-out or provide transfer arrangements if the program loses eligibility for any reason.

By checking this box, the undersigned attests that the institution will report program-level and student-level data as requested by the Governor's Office.

## Program Eligibility Evidence and Artifacts

Mark the appropriate box for each evidence or artifact applicable to this program application. Submit all artifacts as a separate single PDF along with this application.

### A. Alignment to High-Skill, High-Wage, or In-Demand Occupations

Select at least **ONE** of the following:

- Program CIP maps to a SOC included on the State's WFP high-wage and/or in-demand list.
- Program CIP maps to a SOC included on the IHE's Region's or adjacent Region's WFP high-wage and/or in-demand list.
- Program CIP does not map to a SOC included on the State/Region's WFP high-wage and/or in-demand list but alternative labor market information sources are provided for consideration. (Submission of alternative LMI does not guarantee alignment approval.)

### AND

- Provide a curriculum crosswalk or skills taxonomy linking course student learning outcomes/skills/competencies to industry standards identified by employers, industry associations, certifications, or ONET descriptions.

### B. Employer Hiring Requirements

Institutions must provide validated employer demand evidence through **ONE** of the following for **AT LEAST TWO** employers:

- Employer letters of support that state demand for the specific skills/credentials; indicate intent to hire, interview, or prioritize completers; and reference local/regional workforce needs, not just general support
- Record of successful job placement and retention for program completers
- Evidence of employer engagement in program through curriculum development, advisory councils, WBL opportunities for students, and/or asset contribution (financial donation, equipment/materials, staff serving as instructors)
- Formal endorsement or recognition by employer-facing industry association that represents two or more employers
- Survey responses provided by industry partners
- MOU's or contracts showing evidence of recurring employer sponsored cohorts of training in program
- Registered Apprenticeship Employer Acceptance Agreement

### **C. Credential Requirements**

Programs must **(1)** result in a recognized, stackable, and portable credential, **OR (2)** prepare students for employment in an occupation for which there is only one recognized postsecondary credential and provides students with the credential upon completion of the program.

For **(1)**:

Documented stackable pathway(s) within the IHE or with other IHE

#### **AND**

Select **ONE** of the following:

Industry-recognized certificate or certification (Third-party credentials recognized by multiple employers)

State licensure

Registered Apprenticeship

Credential included on a state or national credential registry

#### **OR**

For **(2)**:

Brief narrative providing explanation and justification why the credential is the only one recognized for the occupation.

#### **AND**

Select **ONE** of the following:

Industry-recognized certificate or certification (Third-party credentials recognized by multiple employers)

State licensure

Registered Apprenticeship

Credential included on a state or national credential registry

#### **AND**

Select **ONE** of the following:

Licensure/Certification pass rates for program completers

Credentials awarded by the IHE

Program documentation showing the credential is embedded in program completion requirements

Documented in AHEIS PST course file as Licensure/Certification

**D. Postsecondary Pathways and Credit Mobility**

Select **ONE** of the following:

- Documented stackable pathway(s) within the IHE or with other IHE
- Program prior learning credit policy or degree plan
- Articulation agreement(s)

Authorized Official Name: \_\_\_\_\_

Authorized Official Title: \_\_\_\_\_

Authorized Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_