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Creating Futures**

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## LOUISIANA COMMUNITY & TECHNICAL COLLEGE SYSTEM

**TO:** Dr. Monty Sullivan  
LCTCS President

**FROM:** Dr. René Cintrón  
Chief Education and Training Officer

**SUBJECT:** Staff Requests at Fletcher Technical Community College

**DATE:** 11/19/2019

### **STAFF ACTION:**

**Recommendation:** Staff recommends adoption of the following program in accordance with LCTCS Policy #1.024:

#### **Program Adoptions**

1. Technical Diploma (TD) Industrial Maintenance Technology with a concentration in Electrical Instrumentation (CIP 47.0303) – **5 STARS**
2. Certificate of Technical Studies (CTS) Sterile Processing Technology (CIP 51.5102) – **4 STARS**

**Background:** Fletcher Technical Community College (FTCC) is seeking approval to adopt the Industrial Maintenance Technology Technical Diploma with a concentration in Electrical Instrumentation program from Baton Rouge Community College (BRCC) and the Certificate of Technical Studies in Sterile Processing Technology from SOWELA Technical Community College. Recent revisions to LCTCS Policy #1.024 updated the process that colleges use to create, modify, or adopt curriculum making it more efficient and streamlined. Staff is requesting that these programs be adopted by FTCC.

**Fiscal Impact:** The administrative structure will not change. There are no anticipated expenditures associated with these modifications.

**History of Prior Actions:** There is a history of revising and creating new programs to meet student and workforce needs.

**Benefits to the System:** These requests will allow FTCC to better meet student and workforce needs.

**APPROVED**  
*She* 12/11/19  
LCTCS BOARD OF SUPERVISORS

  
**Approved for Program Adoption**  
**Dr. Monty Sullivan**

12-11-19

**Date**

## Industrial Maint Tech, Electrical Instrumentation - 11/04/2019

**TYPE OF PROPOSED CHANGE :** Archived Curriculum

**PROGRAM NAME :** Industrial Maint Tech, Electrical Instrumentation

### AWARD LEVEL(S)

**For Board of Regents and LCTCS Review:**

**Name:**

**For LCTCS Review:**

Technical Diploma (T.D.)

Certificate of Technical Studies (C.T.S.)

Career and Technical Certificate (C.T.C)

TCA - For Archive Purpose Only

### NAME OF PROGRAM(S) and AWARD LEVEL(S)

**Stars :** 4 Stars

**Name:** Electrical Instrumentation Technician

**Program Delivery Mode:** Hybrid

**CIP:** 47.0303

**Credit Hours:** 45.00

**Contact Hours:** 675.00

Technical Diploma (T.D.)

**IBC:** Level 4  
Electrical and  
Instrumentation  
Technician

**Issuing  
Body:**  
NCCER

**Course Title:**

**Course  
Prefix:**

**Course  
Number:**

**Credits  
Awarded:**  
0.00

**IBC  
Awarded  
upon  
Completion?**  
:

**Stars :** 4 Stars

**Name:** Level 2 Technician, Electrical and Instrumentation

**Program Delivery Mode:** Hybrid

**CIP:** 47.0303

**Credit Hours:** 24.00

**Contact Hours:** 360.00

Certificate of Technical  
Studies (C.T.S.)

**IBC:** Level 2  
Technician,  
Electrical and  
Instrumentation

**Issuing  
Body:**  
NCCER

**Course Title:**

**Course  
Prefix:**

**Course  
Number:**

**Credits  
Awarded:**  
0.00

**IBC  
Awarded  
upon  
Completion?**  
:

**Stars :** 4 Stars

**Name:** Industrial Maintenance General Technician

**Program Delivery Mode:** Hybrid

<b>CIP:</b> 47.0303	<b>Credit Hours:</b> 12.00	<b>Contact Hours:</b> 180.00	Career and Technical Certificate (C.T.C)			
<b>IBC:</b> Industrial Maintenance General Technician	<b>Issuing Body:</b> NCCER	<b>Course Title:</b>	<b>Course Prefix:</b>	<b>Course Number:</b>	<b>Credits Awarded:</b> 0.00	<b>IBC Awarded upon Completion?:</b>

<b>PROPOSED CHANGE</b> a) For New Programs, state the purpose and objective; b) For Curriculum Modifications, state previous credit and clock hours; c) For Program Termination, state program and all award levels; d) For Curriculum Adoption, state the college from which curriculum is being adopted and the date it was approved by LCTCS.
Adopting from BRCC, approved on 12/10/14

<b>IMPLEMENTATION DATE</b> (Semester and Year)	January 2015
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<b>HISTORY OF PRIOR ACTIONS</b> Provide an overview of changes to this program.

<b>JUSTIFICATION FOR THE PROPOSED CHANGE</b> Include support such as four-year university agreements, industry demand, advisory board information, etc.
Industry demand

<b>SITE(S) OF NEW PROGRAM OR CURRICULUM MODIFICATION:</b>
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<b>QUALIFIED FACULTY (Check all that apply)</b>		
<b>Use Existing Faculty: No</b>  # - Full Time: 0  # - Part Time: 0	<b>Hire Adjunct Faculty: No</b>  # - 2	<b>Hire Full-Time Faculty: No</b>  # - 0

<b>ADMINISTRATION and IMPLEMENTATION COSTS</b>		
<b>Department :</b>		
<b>How will this change affect the administrative structure and/or allocation of departmental funds in terms of:</b>		
<b>Faculty :</b>	<b>Facilities :</b>	<b>Library Resources :</b>

<b>Support :</b>	<b>Related Fields :</b>	<b>Other :</b>
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<b>MINIMUM CREDENTIALS REQUIRED FOR FACULTY</b>		
<b>Education:</b> Bachelor's Degree	<b>Experience:</b> 3 years	<b>Certification:</b> NCCER Electrical and Instrumentation

<b>FISCAL IMPACT: ADMINISTRATION and IMPLEMENTATION COSTS</b>
<b>Department :</b> Academic Affairs - Integrated Production Technology
<b>Describe how this change will affect the administrative structure and/or allocation of departmental funds in terms of faculty, facilities, support, and any other resources.</b>
No change

<b>ANTICIPATED ENROLLMENT:</b>					
<b>Students</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Year Four</b>	<b>Year Five</b>
<b>DAY</b>	10	15	20	20	20
<b>EVENING</b>					
<b>DISTANCE EDUCATION</b>					
<b>Describe Process for Attaining &amp; Estimating Enrollment:</b>	Community demand to fill positions.				

<b>PROGRAM ACCREDITATION:</b>	
<b>Is Program Accreditation, Licensure or Certification Required?</b>	No  <b>Accreditation status:</b>
<b>Type/Name of Program Accreditation, Licensure or Certification Required:</b>	

<b>DESCRIBE IMPLEMENTATION COSTS (Include Faculty, Facilities, Library Resources, etc.)</b>

**PROGRAM CURRICULUM**

Use the template below or insert separate attachment. All modifications should include the OLD and NEW curriculum with changes appropriately noted so that it is visually clear what has been added, deleted and/or changed. Note if any special requirements, such as internships, are part of the curriculum. List all embedded IBCs. If you are adopting curriculum, you do not need to complete this section.

Subject Code	Course Number	Course Title	Lecture Hours	Lab Hours	Contact Hours	Credit Hours	Clinical Hours
Program, Degree or Concentration:					Credit Hours: 0.00		

**BENEFITS TO THE SYSTEM**

Discuss how this change will benefit your students, your community, and the LCTCS.

This will help to fill high demand high wage positions in electrical instrumentation.

**KEYWORDS**

Industrial maintenance, electrical instrumentation

## Sterile Processing Technology - 10/22/2019

**TYPE OF PROPOSED CHANGE :** Archived Curriculum

**PROGRAM NAME :** Sterile Processing Technology

### AWARD LEVEL(S)

**For Board of Regents and LCTCS Review:**

**Name:**

**For LCTCS Review:**

Technical Diploma (T.D.)

Certificate of Technical Studies (C.T.S.)

Career and Technical Certificate (C.T.C)

TCA - For Archive Purpose Only

### NAME OF PROGRAM(S) and AWARD LEVEL(S)

**Stars :** 4 Stars

**Name:**

**Program Delivery Mode:**

**CIP:** 51.1012

**Credit Hours:** 18.00

**Contact Hours:** 600.00

Certificate of Technical  
Studies (C.T.S.)

### PROPOSED CHANGE

**a) For New Programs, state the purpose and objective; b) For Curriculum Modifications, state previous credit and clock hours; c) For Program Termination, state program and all award levels; d) For Curriculum Adoption, state the college from which curriculum is being adopted and the date it was approved by LCTCS.**

Curriculum Adoption from SOWELA, approved for adoption on 2/20/17

**IMPLEMENTATION DATE  
(Semester and Year)**

Fall 2020

### HISTORY OF PRIOR ACTIONS

**Provide an overview of changes to this program.**

### JUSTIFICATION FOR THE PROPOSED CHANGE

**Include support such as four-year university agreements, industry demand, advisory board information, etc.**

Industry demand

**SITE(S) OF NEW PROGRAM OR CURRICULUM MODIFICATION:****QUALIFIED FACULTY (Check all that apply)**

<b>Use Existing Faculty: No</b>  # - Full Time: 0  # - Part Time: 0	<b>Hire Adjunct Faculty: No</b>  # - 0	<b>Hire Full-Time Faculty: No</b>  # - 2
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**ADMINISTRATION and IMPLEMENTATION COSTS****Department :****How will this change affect the administrative structure and/or allocation of departmental funds in terms of:**

<b>Faculty :</b>	<b>Facilities :</b>	<b>Library Resources :</b>
<b>Support :</b>	<b>Related Fields :</b>	<b>Other :</b>

**MINIMUM CREDENTIALS REQUIRED FOR FACULTY**

<b>Education:</b> Associate's Degree	<b>Experience:</b> 3 years	<b>Certification:</b> Certified Registered Central Service Technician (CRCST) from IAHCMM
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**FISCAL IMPACT: ADMINISTRATION and IMPLEMENTATION COSTS****Department :** Academic affairs - Allied Health: Surgical Technology**Describe how this change will affect the administrative structure and/or allocation of departmental funds in terms of faculty, facilities, support, and any other resources.**

No change

**ANTICIPATED ENROLLMENT:**

<b>Students</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Year Four</b>	<b>Year Five</b>
<b>DAY</b>	20	20	20	20	20
<b>EVENING</b>	20	20	20	20	20
<b>DISTANCE EDUCATION</b>					

<b>Describe Process for Attaining &amp; Estimating Enrollment:</b>	Classroom caps and industry demand
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<b>PROGRAM ACCREDITATION:</b>	
<b>Is Program Accreditation, Licensure or Certification Required?</b>	No  Accreditation status:
<b>Type/Name of Program Accreditation, Licensure or Certification Required:</b>	

<b>DESCRIBE IMPLEMENTATION COSTS (Include Faculty, Facilities, Library Resources, etc.)</b>

<b>PROGRAM CURRICULUM</b> Use the template below or insert separate attachment. All modifications should include the OLD and NEW curriculum with changes appropriately noted so that it is visually clear what has been added, deleted and/or changed. Note if any special requirements, such as internships, are part of the curriculum. List all embedded IBCs. If you are adopting curriculum, you do not need to complete this section.							
Subject Code	Course Number	Course Title	Lecture Hours	Lab Hours	Contact Hours	Credit Hours	Clinical Hours
Program, Degree or Concentration:					Credit Hours: 0.00		
Program, Degree or Concentration:					Credit Hours: 0.00		

<b>BENEFITS TO THE SYSTEM</b>
<b>Discuss how this change will benefit your students, your community, and the LCTCS.</b>
Hospitals currently cannot fill vacancies in Sterile Processing Technician. This will help the community by training qualified employees to fill the vacancies that currently exist.

<b>KEYWORDS</b>
Sterile Processing Technician, Surgical instrument sterilization