



# Beaufort County Community College

5337 US Hwy 264 East Washington, NC 27889

## Section Build Worksheet

IS THIS A NEW COURSE: \_\_\_\_\_ YES \_\_\_\_\_ NO

\* If yes, please list CCL # \_\_\_\_\_ and attach course syllabus (which includes a course outline of what will be taught)

Local Course Number and Name of Course: (CRSE) \_\_\_\_\_

Start Date: (SECT) \_\_\_\_\_ End Date: (SECT) \_\_\_\_\_ CEU's: (SECT) \_\_\_\_\_

Course Type: (SECT) \_\_\_\_\_ Certification Class (must be tied to a State issued Certification)

\_\_\_\_\_ Prison \_\_\_\_\_ Sheltered

Delivery Method: (SECT) \_\_\_\_\_ Supervisor: (SECT) \_\_\_\_\_

**CONTACT HOURS (OFFERING INFO)** \_\_\_\_\_ **OR** **MEMBERSHIP HOURS: (OFFERING INFO)** \_\_\_\_\_

Location: (Offering Info) \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_

Number of Weeks: \_\_\_\_\_ Schedule Type: \_\_\_\_ Day \_\_\_\_ Evening (after 5 pm)

Maximum # of Students:(Restrict.) \_\_\_\_\_ Minimum # of Students: \_\_\_\_\_ \*Required

Registration fee: (Billing Info) \_\_\_\_\_ \$70.00 (1-24 hours) \_\_\_\_\_ \$125.00 (25-50 Hours) \_\_\_\_\_ \$180.00 (51+ hours)

\_\_\_\_\_ Fee Waived Class \_\_\_\_\_ Self Support Class \$ \_\_\_\_\_

### Section Sponsorship:

Is a business or organization paying the registration fees for the students? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is yes, has this business sponsored a class in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*If you are not sure if the business has sponsored a class in the past, please ask the Continuing Education Records Specialist.

What is the name of the business? Please print:

\_\_\_\_\_  
*Note: If the business has not sponsored a class in the past, the business must provide a W-9 and attach it to this Section Build Worksheet.*

### Industry Recognized Credentials for eligibility of Tier 1A, 1B, or 2 FTE Funding:

Is this course tied to an Industry Recognized Credential? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is yes, please write the name of the credential. If a class has more than one credential tied to it, write down both credentials: 1. \_\_\_\_\_ 2. \_\_\_\_\_

\*\*CE Directors must enter credentials on the SECT screen. If a credential is not provided in Colleague, contact the Records Specialist.

**Course Fees:**

**Miscellaneous**

- \_\_\_ Malpractice Ins. (\$13.00)
- \_\_\_ Accident Ins. (\$1.25)
- \_\_\_ Technology (\$5.00)
- \_\_\_ Student ID (\$5.00)
- \_\_\_ Random Drug Test CDL (\$45.00)
- \_\_\_ OSHA Card (\$8.00)
- \_\_\_ Forklift Wallet Card (\$6.00)
- \_\_\_ Culinary (\$100.00)
- \_\_\_ CEVO (\$10.00)
- \_\_\_ Public Safety Weekend (\$10.00)

**ACT WorkKeys Tests**

- \_\_\_ CRC Fee (\$39.00)
- \_\_\_ CRC Retest (\$13.00 per test)
- \_\_\_ CRC Replacement Cert. (\$5.00)
- \_\_\_ Applied Tech Assessment (\$ 15.00)
- \_\_\_ Workplace Obs. Assessment (\$22.00)
- \_\_\_ Business Writing Assessment (\$22.00)
- \_\_\_ Fit Assessment (\$16.00)
- \_\_\_ Talent Assessment (\$16.00)

**AHA**

- \_\_\_ BLS Card (\$5.00)
- \_\_\_ PALS Card (\$6.00)
- \_\_\_ ACLS Card (\$6.00)
- \_\_\_ PEARS Card (\$6.00)
- \_\_\_ Heartsaver Card (\$20.00)
- \_\_\_ K-12 Heartsaver (\$5.00)

**AHLEI**

- \_\_\_ Kitchen Cook (\$50.00)
- \_\_\_ Restaurant Server(\$50.00)
- \_\_\_ Front Desk Rep (\$50.00)
- \_\_\_ Guest Services (\$58.00)

**NAEMT**

- \_\_\_ PHTLS 2-Day cert (\$18.00)
- \_\_\_ PHTLS 1-Day recert (\$13.00)

\_\_\_ TIPS (\$40.00)

Census Date: (Reg. Date Ranges) \_\_\_\_\_  
*10% of the total class meeting time*

**Faculty Assignment (Lead Instructor): (FASC) \_\_\_\_\_**

**Is this Faculty member a Full-Time BCCC employee? \_\_\_ Yes \_\_\_ No**  
***If you answered Yes, please write FULL-TIME in the top right of the instructor contract.***

Part-time Hourly: \_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

**Faculty Assignment (Secondary Instructor): (FASC) \_\_\_\_\_**

**Is this Faculty member a Full-Time BCCC employee? \_\_\_ Yes \_\_\_ No**  
***If you answered Yes, please write FULL-TIME in the top right of the instructor contract.***

Part-time Hourly: \_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

\_\_\_\_\_ (Month) \_\_\_\_\_ (# of hours)

Comments for Faculty Contract (or Special Instructions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\* We pay one month in arrears. The month you enter will be for the month the hours are paid. NOT the month the hours were earned.*