
California Department of Health Care Access and Information
Wellness Coach Designated Education Program

Application Cover Page

***Name of Community College**

***Physical Address**

***County**

***Website URL**

***Program Name:**

***Age of Program:**

*** Quarter or Semester**

***Degree for Transfer Title:**

***Degree Title, if applicable:**

(Please list the local degree if it differs from the Degree for Transfer Title.)

***Certificate(s) Title, if applicable:**

***New Degree (Y/N)**

***New Certificate (Y/N)**

Primary Grant Contact First Name:

Primary Grant Contact Last Name:

Primary Grant Contact Title:

Primary Grant Contact Entity:

Primary Grant Contact Email:

Primary Grant Contact Phone:

Fiscal/Grant Contact First Name:

Fiscal/Grant Contact Last Name:

Fiscal/Grant Contact Title:

Fiscal/Grant Contact Entity:

Fiscal/Grant Contact Email:

Fiscal/Grant Contact Phone:

***Wellness Coach Team Members and/or Positions:**

Community of Practice Sponsor:

Student Ambassador Sponsor:

***Request Amount** *We anticipate awarding individual grants of up to \$200,000. The requested amount should be a whole number (\$XXX, XXX).*

Please indicate the projected date by which your requirements to be an HCAI-Designated Wellness Coach Education Program will be fully developed and implemented. A duration of up to two years can be requested. Fully developed and implemented is defined by all the curriculum gaps are fulfilled and completed.

***Estimated Project Start Date:**

***Estimated Program Launch Date:**

Curriculum gaps have been met, and students can enroll

***Do you need Board Approval for the executed agreement/contract? (Y/N)**

Please input your next two board meeting dates

Institutional Information

***Student Success Metrics:**

Student success metrics for the institution to be provided from [the National Center for Education Statistics](#). Use the most recent data available.

*Institution Retention Rate (per Full-time students):

*Institution Graduation Rate:

*Institution Transfer Rate:

***Student Demographics:**

For this section, demographics for the institution to be provided from the [CCC Data Mart](#). Use the most recent data available.

***Number of Students Enrolled in Institution:**

***Number of Students at Institution by Ethnicity:**

African-American

American Indian/Alaskan Native

Asian

Filipino

Hispanic

Multi-Ethnicity

Pacific Islander

Unknown

White Non-Hispanic

***Number of Students at Institution by Gender:**

Female
Male
Non-Binary
Transgender
Unknown

***Number of Student at Institution by Age Group:**

19 or less
20 to 24
25 to 29
30 to 34
35 to 39
40 to 49
45 to 49
50+

Special Populations:

*Percentage by First-Generation College Students:

*Percentage by Foster Youth:

*Percentage by Economically Disadvantaged:

*Other special populations (*examples: incarcerated, seasonal farmworker, Umoja, etc.*)
(Y/N)

*List Special Populations and Percentages

For this section, demographics for the institution to be provided from the college's information system. Use the most recent data available.

Number of Students at Institution by Sexual Orientation:

Straight/Heterosexual
Gay or Lesbian/Homosexual
Bisexual
Other
Decline to State
Unknown/Uncollected

***Is the College a designated Hispanic Serving Institution (HSI):** Yes No

Skip Logic Question: If no, where in the process of being designated an HIS is your institution in?

***College Setting (select one):**

Rural
Urban
Suburban

***Does the College have a basic needs center as required by the state? Yes No**

***Do any students in your service area come from a Health Professional Shortage Area (HPSA) as defined by the [Health Resources & Services Administration](#)? Yes No**

Skip logic: If yes, enter all zip codes from service area that are in HPSA

***Does the college have a student health center? Yes No**

Skip logic: If yes, does the health center offer jobs and/or internships? Yes No

***Does the college have a student wellness center? Yes No**

Skip logic: If yes, does the health center offer jobs and/or internships? Yes No

Additional Comments: Please provide any additional information about the data you provided, especially if it does not capture the full story of your campus or is limited.

Program Information

Demographics for the program is obtainable from the Demographics from the [CCC Data Mart](#). Use the most recent data available from Fall 2024 or most recent available timeframe based on the data available for your respective college. For program-specific data, internal (departmental) data can suffice.

***Number of Students Enrolled in Program Spring 2024:**

***Program Retention Rate (per Credit):**

***Program Success Rate (per Credit):**

***Number of Program Graduates in 2022-2023 (if available):**

***Number of Program Transfers for 2022-2023 (if available):**

***If applicable, do the certificate(s) you identified on your application stack into the degree program? Yes No**

***Include any comments/context regarding certificate stacking below:**

***Does your program have any curriculum or faculty gaps? Yes No**

Skip logic: If yes, list gaps and provide a plan to meet the requirements of the program.

Additional Comments: Please provide any additional information about the data you provided, especially if it does not capture the full story of your campus or is limited.

Proposal Narrative

1. **Equity Statement:** Describe your college's commitment to diversity, equity, and inclusion, and explain how the Certified Wellness Coach program will be implemented with equity in mind. You may choose to address some or all of the following examples:

1. **Student Populations:** Identify the student population(s) your program is prioritizing, particularly students from historically underserved or underrepresented groups, and explain how their needs will shape program design and delivery.
2. **Program Design:** Explain how the program structure, curriculum, and support services will ensure equitable access, participation, and outcomes for all students.
3. **Alignment with Grant Purpose:** Describe how the proposed program advances the goals of the grant, particularly in expanding workforce opportunities for diverse students.
4. **Diversity in the Workforce & Practicum Opportunities:** Explain how preparing a diverse cohort of Certified Wellness Coaches contributes to a more inclusive, culturally competent, and representative workforce in your community. If applicable, describe opportunities for students to complete practicum hours or field placements at your campus or through partnerships with community colleges, and how these experiences will support equitable access and professional growth.

*2. **Educational Pathway:** Describe how your college will develop and implement the curriculum for the Certified Wellness Coach program. You may choose to address some or all of the following examples:

1. **Program Structure:** Explain how the curriculum is designed to provide a clear and coherent educational pathway for students, including prerequisites, core courses, and any advanced or elective options.
2. **Integration with Workforce Needs:** Describe how the curriculum aligns with industry standards, workforce competencies, and the skills required for students to succeed as Certified Wellness Coaches.
3. **Innovations and Best Practices:** Highlight any innovative approaches, instructional strategies, or best practices that will enhance learning outcomes and support student success.
4. **Pathway to Certification and Employment:** Explain how the program prepares students for certification, practicum experiences, field placements, and employment opportunities, ensuring a seamless transition from education to the workforce.

3. Data Tracking and Evaluation: Please describe the tools and systems your college currently uses to track students as they progress through the Certified Wellness Coach pathway. In your response, you may consider addressing some or all of the following:

- Which data systems or platforms are used (e.g., SIS, LMS, case-management tools, early-alert systems, dashboards)?
- How do these tools support tracking of milestones such as enrollment, course completion, practicum placement, certification, and job placement?
- How is data from these systems accessed and used by program staff, student services, and the institutional research office?
- If applicable, describe any planned enhancements or integrations that would improve pathway tracking and student support.

3. Internal Collaboration: Describe how your college or institution will collaborate across departments, programs, or offices (e.g., counseling, allied health, student services, workforce development) to design, implement, and sustain the Certified Wellness Coach program.

- Which internal teams or stakeholders will play a key role?
- How will internal collaboration enhance program coordination, student support, and alignment with institutional goals?

4. External Workforce Partnerships: Describe any existing or planned partnerships with external organizations (such as healthcare providers, K-12 school districts, community wellness centers, workforce boards, or employers) that will support the Certified Wellness Coach workforce program.

- How do these partnerships strengthen the program's connection to workforce needs?
- What roles will partners play in areas such as training, placements, and/or employment pathways?

Is there any other information not covered in the application questions that you would like us to consider?

***Work Plan:** Download, complete, and upload the Work Plan template provided. *Work Plan template found on Wellness Coach Designated Education Program website [here](#). (allowable file types .doc, .docx, .pdf)*

***Budget and Budget Narrative:** Download, complete, and upload the budget and budget narrative template provided. *Budget template found [here](#). Instructions are provided in the first tab of the template.*

***Approved Form 1:** Upload the Form 1 document approved by Irene Ornelas.

Program Map: Upload the college Program Map that was reviewed and approved by Irene Ornelas.

Additional Comments: Please use this section to provide any information about your college that may have not been addressed elsewhere in the application.

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