



Texas Workforce Commission
Dual Credit Healthcare CTE Grant
 Local Workforce Development Board Review

The Applicant must submit the Local Workforce Development Board (LWDB) Review form signed by an authorized representative of the LWDB.

Applicant's Name			
Local Workforce Development Board Area		Name of Board Representative	
Healthcare occupation associated with the CTE course(s) or program			
SOC:		Occupation Title:	
Employers in this region have vacancies for this SOC:		Yes	No
Entry-Level wage for this SOC:		\$	
2022 Annual Average Employment for this SOC in this region.			
Annual Openings for this SOC in the workforce development area:			
Identify the types of employers/industries in your area who may need to hire for this SOC:			
Identify other occupations aligned to this SOC which provide potential for future professional development for trainees who complete this program:			
Board Comments:			
By signing this form, the Local Workforce Development Board confirms that the occupation listed in the grant application is an SOC in the Healthcare industry and is in high demand by employers in the region.			
Signature and Date of Authorized Representative of the LWDB			
Name of Authorized Representative of the Local Workforce Development Board			
Title of Authorized Representative of the Local Workforce Development Board			