***New Provider Request***

***NOTE***: New Provider approval requests must be submitted no later than **February 15 for consideration of upcoming fall implementation,** and b**y June 15 for consideration of upcoming spring implementation based on the information provided in the request and subsequent review**. Please allow up to six months for standard review procedures once submitted to the Division of Educator Preparation. Subject to the Division of Educator Preparation’s review and/or recommendation, the proposed new provider and any associated programs will be subject to approval by the Licensure Commission on Teacher and Administrator Education, Certification and Licensure and Development and the State Board of Education before candidates are eligible for Mississippi Teacher Licensure.

**Provider Information:**

|  |  |
| --- | --- |
| Provider: | Click or tap here to enter text. |
| Contact Name: | Click or tap here to enter text. |
| Contact Phone Number: | Click or tap here to enter text. |
| Contact Email: | Click or tap here to enter text. |
| Date of Proposal Submission: | Click or tap to enter a date. |
| Semester Implementation: | Choose an item. |

**Please Identify**

|  |  |
| --- | --- |
| Type of Delivery: | Choose an item. |
| Licensure Area: | Choose an item. |
| Endorsement Code: | Click or tap here to enter text. |
| Program Type: | Choose an item. |

**Institutional Approval**

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| Date of Institutions of Higher Learning (IHL) Approval (N/A for private and out-of-state providers) | Click or tap to enter a date. |
| Date of Community College Board Approval(N/A for non-community college providers)  | Click or tap to enter a date. |

***NOTE***: The Division of Educator Preparation is unable to review program requests that have not received prior institutional approval.

**Provide the following information** (text box will expand)**:**

1. **State your justification rationale/overview for establishing a new preparation program in Mississippi. In the justification, describe how this request will support the state’s teacher pipeline needs.**

Click or tap here to enter text.

1. **Is your proposed program nationally accredited with the Council for the Accreditation of Educator Preparation (CAEP)? If so, please provide the date and a high-level overview of the findings from your most recent accreditation cycle.**

Click or tap here to enter text.

1. **Provide the most recent admission/completion rates for a minimum of two other programs from other states where you provide a service.**

Click or tap here to enter text.

1. **Provide the most recent admission/completion rates for a minimum of two other Mississippi educator preparation providers that are similar to your proposed program. Program admission/completion rates are available via the EPP Annual Report at** [**https://mdek12.org/educatorpreparation/**](https://mdek12.org/educatorpreparation/)

Click or tap here to enter text.

1. **List the areas of licensure for which the provider is requesting approval.**

Click or tap here to enter text.

1. **In accordance with Miss. Code Ann. § 37-3-2 and the** [**Mississippi Educator Preparation Provider Process and Performance Guidelines**](https://www.sos.ms.gov/adminsearch/ACCode/00000523c.pdf)**, programs of study shall include but not be limited to the following components:**

*Instruction in education, effective teaching strategies, classroom management, state curriculum requirements, planning and instruction, instructional methods and pedagogy, using test results to improve instruction, and the Mississippi Educator Code of Ethics. Programs leading to initial elementary education licensure shall include research-based reading instruction and intervention.*

*Additionally, the MDE prioritizes programs of study that address supporting students with disabilities and instructional methods using high-quality instructional materials.*

**Please explain how the provider’s program meets these requirements and areas of focus.**

Click or tap here to enter text.

1. **Describe how the provider mentors and supervises licensure candidates completing clinical experiences in Mississippi.**

Click or tap here to enter text.

1. **Describe how the provider will partner with P-12 stakeholders to prepare, evaluate, and support candidates in diverse clinical experiences.**

Click or tap here to enter text.

1. **Describe the criteria that meet or exceed the minimum Candidate Admittance Requirements as outlined in the Mississippi Educator Preparation Provider Process and Performance Guidelines located on the MDE’s website:** <https://mdek12.org/educatorpreparation/>

Click or tap here to enter text.

1. **Describe any additional admission requirements as outlined in the Guidelines for Mississippi Educator Licensure K-12 such as a bachelor’s degree, Praxis Subject Assessment (Specialty Area Test), etc.**

Click or tap here to enter text.

1. **Provide a plan for recruiting and licensing at least ten (10) candidates in the provider’s first two years as an approved provider.**

Click or tap here to enter text.

1. **Describe key required transition points, student supports, and the method of measurement for each, including but not limited to coursework, learning modules, professional development, assessment completion, and/or wraparound services.**

Click or tap here to enter text.

1. **Describe the procedures for evaluation of the program including placement of graduates, changes in job market need/demand, survey results, or other data used to support request.**

Click or tap here to enter text.

1. **Describe the proposed teach-out process as aligned to the Mississippi Educator Preparation Provider Process and Performance Guidelines.**

Click or tap here to enter text.

1. **If approved, the provider’s physical presence will be located at:**

Click or tap here to enter text.

1. **Required Documents:**

|  |
| --- |
|[ ]  Provide the program of study. |
| [ ]   | Provide all course syllabi or modules.  |
| [ ]   | Provide a list of faculty, staff, and clinical supervisors who will deliver the course content and evidence of qualifications. |
| [ ]   | Provide documentation of national accreditation with the Council for the Accreditation of Educator Preparation (CAEP).  |
| [ ]  | Provide an assurance statement that the provider will meet all Mississippi and federal reporting requirements. |

*Submit this form and supporting documents as PDF files to the Division of Educator Preparation via email to EducatorPreparation@mdek12.org.*