

Educator Preparation Program Provider Overview

Procedural Guidance and Template

Division of Educator Effectiveness

April 2024

 **MARYLAND STATE DEPARTMENT OF EDUCATION**

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# Document Control Information

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## DOCUMENT HISTORY

| Document Version | Date | Summary of Change |
| --- | --- | --- |
| 1.0 | April 2024 | Initial Document |
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# Purpose

This guide was produced by the Maryland State Department of Education (MSDE) and is intended for educational preparation providers (EPPs) wishing to be approved by the state of Maryland. This document contains technical instructions for the initial application phase of the Launch stage of the MSDE State approval process. The Department will review all applications for recognition to ensure compliance with applicable statutes.

Pursuant to Md. Code, Education, [§11–208](https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ged&section=11-208&enactments=false),  an institution of higher education in Maryland may not offer a program leading to teacher, administrator, or specialist licensure unless the institution has received national accreditation or approval by MSDE. To gain approval, an EPP must demonstrate that their institution and affiliated licensure programs meet all applicable governance.

Please complete this form in its entirety, ensuring all sections are completed fully and each item is addressed. EPPs are encouraged to cite and attach supporting documentation to this application to aid MSDE in making a fully informed final determination for State approval.

# General Guidance for Completing the Provider Overview

## What is the Provider Overview Form?

The Provider Overview Form is the first document an EPP provides to MSDE as part of the State approval process. It serves to provide the site review team with a foundational context and overview of the EPP they will be reviewing and provides information not found in other parts of the State approval process. The Provider Overview form allows the site review team to tailor their onsite visit to the EPP and allows for more robust and meaningful interviews and focus groups.

## General Guidance:

EPPs should provide narratives that introduce the review team to the foundational context of the EPP. Responses should be concise and address the component in full. Along with narratives, EPPs should append evidence with their form that supports the included narratives and strengthens their case for approval/reapproval.

## How is the form organized?

The form has four specific areas of focus:

1. General Information
2. Administrative Information
3. Operational Assessment
4. Self-Assessment

These four sections combine to allow for a holistic review by the assigned site review team and allow the EPP to begin to introduce State approval reviewers to the provider.

## What types of evidence can be submitted with this form?

MSDE does not limit the types of evidence an EPP can submit when completing the Provider Overview form. This allows EPPs latitude when completing the form and provides an opportunity to introduce themselves to reviewers as part of the approval process. Any evidence appended to the form should be clearly titled and denote the part of the form to which it relates.

EPPs are required to submit the last three annual traditional or alternative program annual reports that have been submitted to MSDE as attachments to this form.

# Provider Overview Form

Name of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all recommended EPP points of contact with whom State reviewers should be communicating during the State formal review process. EPPs are encouraged to examine the components that will be reviewed in the State review and approval handbook when determining appropriate points of contact.

Example:

Dr. John C. Doe

Dean of the College of Education

John.Doe@university.edu

(123) 456-7890

Degrees offered (check all that apply)

[ ] Baccalaureate

[ ]  Post Baccalaureate

[ ]  Master’s

[ ]  Post Master’s

[ ]  Specialist

[ ]  Endorsement only

[ ]  Other (please specify):

Licensure programs offered (check all that apply)

[ ]  Teacher – Elementary

[ ]  Teacher – Secondary

[ ]  Special Education

[ ]  Administrator

[ ]  Career and Technical Education

[ ]  Specialist

**Administrative Information**

**Overview of EPP**

*Describe the history of the education program provider and its relationship to the community in which it exists. Note any elements of the EPP that are unique to the school.*

**<Enter Text Here>**

**Conceptual Framework and Philosophy:**

*Describe the theories and philosophical contexts that guide the EPP and its mission. The shared values and beliefs of the EPP should also be shared in this section.*

**<Enter Text Here>**

**Organizational Structure**

*Provide an overview of the organizational hierarchy of the EPP.*

**<Enter Text Here>**

**Program Offerings**

Using the table below, provide a detailed listing of all programs leading to licensure. Please add rows as needed.

| **Name of Program** | **Candidate Enrollment Last Academic Year** | **Candidate Enrollment in Current Academic Year** | **Degree Level (if applicable)** |
| --- | --- | --- | --- |
| *ex: Administration* | *23* | *18* | *Post-Master’s Certificate* |
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**Qualifications of EPP Clinical Educators**

Using the table found below, provide a detailed description of faculty credentials. Please add rows as needed.

| **Name** | **Highest degree earned** | **Field of highest degree** | **EPP Program Affiliation** | **Instructional Assignment** | **P-12 licensure held** |
| --- | --- | --- | --- | --- | --- |
| *ex: John Doe* | *Doctorate* | *Elementary Education* | *Elementary Education* | *Faculty, Site Supervisor*  | *MD - Elementary*  |
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**Operational Assessment**

**Recruitment**

*Provide a detailed recruitment plan that demonstrates how the EPP ensures a steady pipeline of diverse applicants.*

**<Enter Text Here>**

**Sustained Operations**

*Describe how the EPP plans to maintain its long-term operational effectiveness.*

**<Enter Text Here>**

**Completer Employment**

*Provide documentation that demonstrates the ability for your graduates to become employed in positions relevant to their degrees. Longitudinal employment data should be shared as well.*

**<Enter Text Here>**

**Assessment System**

*Provide documentation that demonstrates how you evaluate and track candidate progression through each of your programs, to include specific transition points and phases candidates must meet. Include any assessments and assessment criteria, and courses of action taken when candidates do not meet prescribed milestones on time.*

**<Enter Text Here>Self-Assessment**

**Perceived Strengths**

*What areas, if any, within Code of Maryland Regulations (COMAR) 13A.07.06, Programs for Professionally Licensed Personnel, do you feel your EPP clearly exceeds the standards set by the State? Please be specific.*

**<Enter Text Here>**

**Areas for Improvement**

*What areas, if any, within COMAR 13A.07.06, Programs for Professionally Licensed Personnel, do you feel your EPP needs improvement before it meets minimum standards set by the State? Please be specific.*

**<Enter Text Here>**