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**Maryland State Department of Education Application to Offer**

**Continuing Professional Development (CPD) Experience**

**Please check one. Sponsored by: Local School System ( )**

**Private Provider/Vendor ( )**

**College/University (MD) ( )**

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| --- | --- | --- | --- |
| **Approved CPD Number:**  **Approved through December 31,** | | | |
| **Please complete the appropriate section below.** | | | |
| **1. To request a renewal of an existing approved course that has not been revised, enter the current CPD # here:** | | | |
| **1a. To request a renewal of an existing approved course that has undergone revision and needs review, indicate by checking the box to the right. [ ]** | | | |
| **1b. Title of Course**: | | | |
| **2. Identify Local School System (LSS)** | | | |
| **2a. Identify the Local School System (LSS) CPD Liaison**. The signature of the Liaison is required for any course submitted for approval by the LSS and indicates that a content-related course has been reviewed by a curriculum coordinator, and assurance of compliance with Senate Bill 674 (2012) regarding accessibility requirements is guaranteed for coursework developed for online delivery. | | | |
| Name of Liaison:  Signature of Liaison: | | | |
| Telephone: | | | Email: |
| Cost to Participant | | | Yes ( ) (No) |
| If yes, provide amount charged. | | | |
| **3. Identify the Maryland College or University (IHE)** | | | |
| 3a. Name of Person Submitting: | | | |
| Signature of Person Submitting: | | | |
| Telephone: | | Email: | |
| Cost to Participant | | Yes ( ) (No) | |
| If yes, provide amount charged. | | | |
| **4. Identify the Vendor or Private Provider** Note: Colleges and Universities outside of Maryland are considered vendors in addition to for-profit companie.  **Vendors submitting online courses for approval will undergo content approval at no cost, but will be advised in writing of the need for a second approval for visual accessibility. There is a fee for this review.** | | | |
| 4a. Name of Person Submitting: | | | |
| Telephone: | | | Email: |
| Cost to Participant | | | Yes ( ) (No) |
| If yes, provide amount charged. | | | |
|  | | | |
| **Repeat Title of Course** in the space below. | | | |
| **Plan Summary and Credit Hours- Description of the Experience 250 words or less** | | | |
| Mode of Delivery: Face-to-Face [ ] Online [ ] Hybrid [ ] | | | |
| Topic Key Words (example, Cultural Proficiency; Elementary Math) |  | | |
| Audience: | Teachers ( ) Administators ( ) Mentors ( ) Counselors ( )  All ( ) Others ( ) | | |
| Course Instructor(s) |  | | |
| Beginning date |  | | |
| Credits requested | 1 [ ] 2 [ ] 3 [ ] Other [ ] | | |
|  | **Be sure calculation of credit hours is included.** | | |
| **Course Details** | | | |
| **Need for the Course:** discuss the need educators have, and the research base driving the submitted course. (200 words or less) This narrative should include the needs of PreK-12 students, those of the educator, and the research base on which the course is built. | | | |
| This course is specifically designed to meet the needs of those identified below.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Grade Level  Indicate here | PreK-3 | Grades 3-5 | Grades 6-8 | Grades 9-12 | Grades PreK-12 | Admin | |  |  |  |  |  |  | | Content  Indicate here | English | Math | Science | Social Studies | World Languages |  | |  |  |  |  |  |  | | Content  Indicate here | Fine Arts/Humanities | Special Education | ELL | Health/PE | Career and Technical Education |  | |  |  |  |  |  |  | | Content  Indicate here | Technology | Classroom Environment | Building Relationships | Other |  |  | |  |  |  |  |  |  | | | | |
| **Outcomes and Indicators (See page 8)** | | | |
| **Limit: one page** | | | |
| **Professional Learning Activities and Follow Up (See page 9)** | | | |
| **Limit: one page In addition, course writers may attach conference agendas or other materials as long as they are submitted electronically.** | | | |
| **Evaluation Plan (See page 9)** | | | |
| **Limit: one page** | | | |
| **Digital Accessibility (See page 10)** | | | |
|  | | | |
| **Superintendent’s**  **or CEO’s Signature**  The signature of the LSS, IHE Dean or Department Chair or CEO of vendor) is required for any course submitted for approval, and indicates (1) that a content-related course has been reviewed by a curriculum specialist; (2) and/or appropriate research guides the instruction; and, (3) assurance of compliance with Senate Bill 674 (2012) regarding accessibility requirements is guaranteed for coursework developed for online delivery.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_  **Superintendent or CEO of company** | | | |
| **Forward completed application electronically to Mrs. Faye Dockins. Mrs. Dockins email is** [**faye.dockins1@Maryland.gov**](mailto:faye.dockins1@Maryland.gov)**. Electronic signatures are accepted, as are scanned, signed copies. No hard copy applications will be reviewed. For renewal requests, check the appropriate space on the first page, and forward to Mrs. Dockins.**  A letter will be emailed to the person whose email address is listed on this application. **The letter will reflect Approval, Approval with Conditions, or Not Approved with any additional necessary comments or suggestions included.** | | | |
| **Michelle Dunkle, CPD Coordinator**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature Date** | | | |
| **Approved through December 31,** | | | |