

Maryland State Department of Education (MSDE) Application to Offer

Continuing Professional Development (CPD) Experience

**Check off appropriate box and identify name of sponsoring organization**

**Local School System** [ ] Click or tap here to enter text.

**Private Provider/Vendor** [ ] Click or tap here to enter text.

**College/University (MD)** [ ] Click or tap here to enter text.

**MSDE** [ ] Click or tap here to enter text.

**To be completed by MSDE staff**

**Approved CPD Number:**

**Approved through December 31, \_\_\_\_\_\_\_\_\_\_**

**Title of Course:** Click or tap here to enter text.

**To renew a previously-approved course, enter the current CPD# here:** Click or tap here to enter text.

**If the course to be renewed has not been revised, then check the box to the right** [ ]

**If the course to be renewed has been revised, then check the box to the right** [ ]

**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.

**Vendor Note**: Maryland’s public colleges and universities are State affiliates. Maryland’s private colleges and universities are considered vendors in addition to for-profit companies.

**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.**

Name of LSS CPD Liaison, MSDE Director or Person Submitting: Click or tap here to enter text.

Signature of LSS CPD Liaison, MSDE Director or Person Submitting:

Telephone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Cost to Participant: Yes [ ]  No [x]

If yes, provide amount charged. Click or tap here to enter text.

# Description of the Experience

**(Two sentences)**

*To be included in CPD Directory*

Click or tap here to enter text.

# Area of Course

**select from dropdown menu. May write in option below too.**

*To be included in CPD Directory*

Choose an item.

# Emphasis of Course

**select key words**

*To be included in CPD Directory*

Click or tap here to enter text.

# Audience:

**Administators** [ ]

**Mentors** [ ]

**Counselors** [ ]

**Teachers** [ ]

**Others** [ ]

Click or tap here to enter text.

**Course Instructor(s)** Click or tap here to enter text.

**Beginning Date** Click or tap here to enter text.

# Credits Requested and Total Hours

**1 CPD** [ ]

**Total Hrs:** Click or tap here to enter text.

**2 CPD** [ ]

**Total Hrs:** Click or tap here to enter text.

**3 CPD** [ ]

**Total Hrs:** Click or tap here to enter text.

**Other CPD** [ ]

**# CPDs**

**Total Hrs:** Click or tap here to enter text.

# Need for the course

Discuss the need educators have, and the research justifying the submitted course (< 200 words). This narrative should include the needs of PreK-12 students, those of the educator, and the research on which the course is built.

Click or tap here to enter text.

# Mode of Delivery

**– See p. 8 in Manual for definitions**

**Face-to-Face** (includes synchronous) [ ]

**Blended** 21% or more is synchronous (“real time”)[ ]

**Online** 80% or more asynchronous (Virtual; pre-recorded)[ ]

* The percentage of **synchronous** content in this proposed CPD: \_\_\_\_\_%
* The percentage of **asynchronous** content in this proposed CPD: \_\_\_\_\_%

# Professional Teaching/Learning Activities and Follow-Up

Use this space to describe the teaching/learning activities and follow-up that will be included in the professional development and how they are expected to result in participants achieving the intended outcomes. Insert additional rows if needed. This section of the plan should also describe:

* The strategies to ensure full participation in all of the activities.
* The role that school principals and other school leaders will play and how they will be prepared for this role.
* How the professional development is related to other professional development in which they intended participants may be involved.

**PROFESSIONAL DEVELOPMENT TEACHING/LEARNING ACTIVITIES and FOLLOW-UP**

| Session | Topic | Objective(s) (with aligned Standard(s)) | Teaching and Learning Activities | Time  | Synchronous or Asynchronous |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |

**This course is specifically designed to meet the needs of those identified below:**

# Grade:

PreK-3 [ ]

Grades 3-5 [ ]

Grades 6-8 [ ]

Grades 9-12 [ ]

Grades PreK-12 [ ]

ALL [ ]

# Subject Area:

Literacy [ ]

English [ ]

Math [ ]

Social Studies [ ]

Science [ ]

World Languages [ ]

Fine Arts [ ]

Special Education [ ]

English Language Learners [ ]

Physical Education [ ]

Gifted & Talented [ ]

Health Education [ ]

Technology [ ]

Career & Technical Education [ ]

Admin/Specialists [ ]

ALL [ ]

Other [ ]  Click or tap here to enter text.

# Outcomes, Indicators, and Standards

**Outcomes and Indicators**

Level 1: Execution Click or tap here to enter text.

Level 2: Participants’ Reactions Click or tap here to enter text.

Level 3: Participants’ Learning Click or tap here to enter text.

Level 4: Participants’ Use of Knowledge in Authentic Setting Click or tap here to enter text.

Level 5: Impact on Student Outcomes Click or tap here to enter text.

# Standards

**Explain utilization of** [**Learning Forward Standards**](https://learningforward.org/wp-content/uploads/2019/09/standards-reference-guide.pdf)**, Maryland College and Career Ready Standards and other appropriate standards**

Click or tap here to enter text.

# Evaluation Plan

* How will the educator demonstrate achievement of the performance outcomes?
* What is the anticipated impact on student learning?
* How will follow-up activities be conducted, as described?
* What outcome data will be collected, and who will receive the report?
* What data are collected to indicate any changes that might be indicated in the course itself?

Click or tap here to enter text.

# Evaluation Plan

| Outcome | Method of Data Collection | Frequency/Timing of Data Collection |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Supplemental Documents**

**Conferences and Workshops should include an agenda. Other courses may be asked to provide additional documentation upon request.**

# Digital Accessibility

**Complete if designated an Online or Blended course to document steps taken to ensure accessibility or may attach an Accessibility Conformance Report. See p. 9 in the CPD Manual**

Click or tap here to enter text.

# Executive’s Signature

The signature of the LSS superintendent, IHE dean or department chair, or a chief executive 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; and/or (2) appropriate research guides the instruction; and, (3) assurance of compliance with Senate Bill 674 (2012) regarding accessibility requirements for coursework developed for online delivery.

 **Signature Date**

 **Print Name Date**

**Forward completed application electronically to Pamela Darien at pamela.darien@maryland.gov. Electronic signatures are accepted, as are scanned signed copies. No hard copy applications will be reviewed.**

A letter will be emailed to the person whose email address is listed as the contact person on this application.**The letter will reflect Approval, Approval with Conditions, or Not Approved with any additional necessary comments or suggestions included.**

**To be completed by the MSDE Division of Educator Certification and Program Approval**

 **Signature Date**

**Approved CPD Number:**

**Approved through December 31,**