

Maryland State Department of Education (MSDE) Application to Offer

Continuing Professional Development (CPD) Course

**To be completed by MSDE staff**

**Approved CPD Number:**

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

Select appropriate organization type and provide name of sponsoring organization:

**Organization Type:** Choose org. type

**Name of Organization:** Click to enter name

**Title of Course:** Click to enter course title.

**Name of LEA CPD Liaison, MSDE Director or Person Submitting:** Click to enter name

**Signature of LEA CPD Liaison, MSDE Director or Person Submitting:**  
X:

**Telephone:** Click to enter telephone number.

**Email:** Click to enter email address.

**Cost to Participant:** Choose an item.

**If yes, provide amount charged**: Click to enter amount

**Course Instructor(s):** Click to enter name(s)

**Intended Start Date:** Click to enter start date

**Area of Course:** Choose an area **Write in Option:** Click here to enter text

**Emphasis of Course:** Click to enter emphasis of course.

**Description of Course:**

*Please provide a brief* ***two*** *sentence description of the course to be included in the CPD Directory for potential course participants:*Click to enter description of experience

**Intended Audience (select all that apply)**

Teachers

Administrators

Counselors

Mentors

Others:Click to enter other

**If course includes teachers, then indicate appropriate grade band(s):**

Grades Pre-K-3

Grades 3-5

Grades 6-8

Grades 9-12

All

**Credits Requested:** Choose an item.

**Toal Hours:** Click or tap here to enter text.

**If requesting a range of CPD credits, then provide an explanation below how educators would earn each CPD value:**

Click to enter text.

**Need for the course** – see p.8 in manual for instructions

A rationale (needs statement) for the course should be included along with research and data to support the need for this professional experience. A minimum of three (3) sources of current research and relevant citations using APA are required that justify the need for this course as it related to the needs of PreK-12 students and those of the educator.

Click to enter text

**Mode of Delivery -** see p. 8 in manual for instructions

**Synchronous** (includes online):

**Blended** 20% or more is synchronous:

**Asynchronous** (fully online) less than 20% is synchronous:

* The percentage of **synchronous** content in this proposed CPD: **Click to enter text**
* The percentage of **asynchronous** content in this proposed CPD: **Click to enter text**

**Professional Learning Expectations** – see p.8-9 in manual for instructions

Use the space provided to describe the teaching/learning activities that will be included in the professional development and how they are expected to result in participants achieving the intended outcomes.

* Describe the strategies that will be used to ensure participants are fully engaged in all teaching/learning activities.
* Describe the strategies that will be used to remediate issues with participants who are unable to fully participate in all teaching/learning activities.
* If the course contains outcomes that will be implemented in a Prek-12 school, please describe the role that school principals and/or other school leaders will play and how they will be prepared for this role.

**Outcomes and Indicators**

Evaluation of outcomes and indicators resulting from course – see page 8-9 in manual for instructions

|  |  |
| --- | --- |
| 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. |

**Evaluation Plan** – see page 10-11 in manual for instructions

Use the space after each question to provide an answer.

* How will the educator demonstrate achievement of the performance outcomes? *(should address the outcomes in Teaching/Learning Activities table)*

Click or tap here to enter text.

* What is the anticipated impact on student learning?

Click or tap here to enter text.

* What outcome data will be collected, and who will receive the report?

Click or tap here to enter text.

* What data are collected to indicate any changes in the course itself?

Click or tap here to enter text.  
  
**Evaluation Outcomes Table** - see pages 8-10 in manual for instructions.

| **Outcome** | **Source of Data Collection** | **Frequency/Timing of Data Collection** |
| --- | --- | --- |
| Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. |

**Professional Teaching/Learning Activities - s**ee page 12 in manual for instructions.

| **Session** | **Intended Outcome(s)** | **Standard(s)** | **Teaching and Learning Activities** | **Time** | **Delivery Mode** |
| --- | --- | --- | --- | --- | --- |
| 1 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |
| 2 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |
| 3 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |
| 4 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |
| 5 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |
| 6 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |
| 7 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |
| 8 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |
| 9 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |
| 10 | Click to enter text | Click to enter text | Click to enter text | Time | Choose Mode |

**Alignment to Standards** – see page 12 in manual for instructions

Explain how the proposed CPD aligns with current professional or content standards that you aligned in the Professional Teaching/Learning Activities Table. If no professional content standards exist, please use current [Learning Forward Standards](https://standards.learningforward.org/standards-for-professional-learning/), in the Professional Teaching/Learning Table and this narrative.

***Remember: content-related outcomes must be aligned to MCCRS***

Click or tap here to enter text.  
  
**Supplemental Documents** – see page 13 in manual for instructions

Please include a description of all evaluation measures used in this course and attach a copy of each with the application.

Click or tap here to enter text. **Digital Accessibility** – see page 13 in manual for instructions

If the course is designated as Blended or Asynchronous, document the steps taken to ensure digital accessibility for visually impaired individuals. You may also attach an Accessibility Conformance Report.

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.

Click to enter date

**Signature Date**

Click to enter name.Click to enter title.

**Print Name Title**

**Forward this completed application electronically to Pamela Darien at** [pamela.darien@maryland.gov](file:///C:/Users/reccles/Downloads/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 MSDE Division of Educator Effectiveness**

**Signature Date**

**Approved CPD Number:**

**Approved through December 31,**