Application Form
School Services Program - Advanced Licensure*

Part A - Instructions

Carefully review each of the following sections and the **checklist and formatting guide**. Submit responses and additional evidence or documents (Word documents, PDF materials, etc.) electronically to sbogan@doe.in.gov. Please embed the narrative within this document and reference your attachments for clarity. Please do not mail materials.

Out-of-state institutions seeking to offer onsite or distance/online instruction in Indiana must contact the Indiana Commission for Higher Education for authorization. Forms received from unauthorized institutions will not be reviewed. Please visit http://www.in.gov/bpe/2337.htm for more information.

Part B – Identifying Information

1. Name of Institution or Entity

2. Address

3. Name of Proposed Program

4. Method of Delivery (onsite, online, hybrid)

5. List any other physical location, if any, where program will be offered

6. Date or semester of anticipated implementation, if approved

7. Program contact name(s), phone number(s), and email address/addresses

Part C – Required Information/Documentation

Provide a description and/or response for each of the following items. All items are required to be submitted and/or addressed within the narrative. Please insert narrative information within this document (no character limits) and attach supplemental resources. Clearly identify attachments and follow the checklist instructions for appropriate placements in folders.

8. Provide a brief overview and rationale for the program, including each of the following:
   - Purpose or goal of the program;
   - License earned upon completion;
   - Degree major awarded upon completion;
   - Reason(s) program should be approved; and
   - Any additional governance or entity approval required beyond state-approval? If so, status? Anticipated date of decision?

9. Provide a description of the clinical experiences required within this program. Include the following items:
    - Duration and timing of field experiences and internships/practicums required of candidates;
    - Relevant handbooks or resource guides for internships/practicums, policies, and resources; and
    - Any internship/clinical experience evaluation forms and rubrics that are aligned to standards (InTASC, REPA 3 Educator Standards https://www.in.gov/doe/educators/educator-licensing/indiana-educator-standards/ and commensurate SPA Standards).

10. Provide a plan of study including a list and sequence of the courses and experiences required for candidates to complete the program (e.g. advising form, or other document outlining program requirements). Also, include the following:
    - A brief description of each course, such as course descriptions found in a course catalog;
    - A matrix or matrices showing alignment between the required educator content standards for this program and courses. An example is posted at https://www.in.gov/doe/educators/epps/new-program-proposals/; and
    - A description of how and when candidates in this program will be introduced to the REPA/REPA 3 Educator Standards and how will you ensure your candidates are aware of the standards during each phase of the program.

11. Provide the following information for each EPP faculty member responsible for professional coursework, clinical supervision, or administration. Include any educator(s) directly involved in teaching the content area education portion of the licensure program. If faculty have not yet been hired for the proposed program, provide information about the positions to be filled and preferred qualifications of faculty members.
    - Faculty Member Name;
    - Highest Degree Earned;
    - Assignment or role of the faculty member (faculty, clinical supervisor, department chair, administrator, etc.);
    - Faculty Rank (professor, assistant professor, adjunct professor, instructor, etc.);
    - One example of professional work or leadership within the past three (3) years and related to content area; and
    - Describe recent experience in P-12 schools (clinical supervision, teaching, professional service, etc.) and include discipline, grade level of the assignment(s). Include P-12 licensure and certification held and whether valid or expired, as well as name of issuing state(s).

12. Describe the process by which you and your partners will select clinical educators at both the EPP and school-based (P-12) settings. Include the following in your response:
    - A summary of the selection process to be used in selecting high quality clinical educators;
    - The evaluation procedures for assessing clinical educators (mentors, supervising educators), including any pertinent evaluation tools; and
    - A description of how you will ensure each clinical educator will demonstrate a positive impact on candidate preparation.

13. How will you support candidates who are struggling in the program? In your response, include a detailed description of the program's process and procedures for remediation, intervention, counseling out, etc., including specific strategies.

14. How will you ensure candidates are prepared for licensure assessments? In your response, include specific intervention strategies for candidates struggling to pass exams, additional preparation resources, etc.

15. How will technology be integrated throughout this program?

16. Using the table below, list the licensure assessments and provide at least four (4) additional non-state required assessments that will be required of all candidates in this program. Course grades may be accepted for no more than one assessment.
    - Provide name, type, and timing of assessment.
    - For non-state required assessments, include (attachment) a copy or description of the assessment and scoring guide/rubric.

Assessment Type and Focus	Name of Assessment	Type of Assessment	Timing of Administration and/or Required
Licensure assessment(s)		Licensure assessment	
Content knowledge			
Assessment demonstrating candidate mastery of effective school service planning			
Assessment demonstrating candidate knowledge, skills, and dispositions (as applied in practice)			
Additional assessment addressing state or national standards of this program (example: REPA/REPA 3 Educator Standards http://www.doe.in.gov/licensing/repa-educator-standards)			

Part D – Submission of Materials

- Submit the above and all related documents to Scott Bogan, Director of Higher Education and Educator Preparation Programs, at sbogan@doe.in.gov. Be sure you have included all items included in the application checklist posted at https://www.in.gov/doe/educators/epps/new-program-proposals/.
- DO NOT MAIL!

- An email message will be sent to the preparer verifying receipt of materials. If email message not received within 48 hours, then please email Mr. Bogan at sbogan@doe.in.gov for confirmation.
- Instructions regarding onsite presentation will be provided in follow-up email message.
- New programs will require at least three (3) months of review following onsite presentation of proposal.

*School Counselor, School Psychologist, School Nurse, School Social Worker; all Preschool through Grade 12 areas. Standards for each are available at https://www.in.gov/doe/educators/educator-licensing/indiana-educator-standards/.