New Hampshire Department of Education

Council for Teacher Education

**APPLICATION for PROGRAM REVIEW**

**PROGRAM(S) REVIEW or PROPOPSAL REQUEST**

**Professional Educator Preparation Program (PEPP) reviews are coordinated by the New Hampshire Department of Education (NHED) in cooperation with the New Hampshire Council for Teacher Education (CTE).**

**[**Statutory Authority:  RSA 186:11, X; RSA 21-N:II(r); Ed 600]

**All PEPPs must be approved by the NH State Board of Education prior to implementation.**

## INSITITUTION

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| --- |
| **(1) IHE:** |

## TYPE OF REVIEW REQUEST

|  |  |
| --- | --- |
| **Option:** | **(10) Type of Review Requested:** |

## REQUESTED DATE(S) for REVIEW

|  |  |
| --- | --- |
| **(11a.) Requested preference date(s) for Review:** | **(11b.) Alternative date(s) for Review:** |

*At least 17 months prior to the date program approval expires and no later than 12 months prior to a review, the institutional coordinator shall provide
 the department with a completed review date request form and the application fee [Ed 602.06- Option 1; 602.09- Option 4]*

**CONTACT INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **(1) Institution:**  | **(4)a. Telephone:**  | **(4)b. Email address:**  |
| **(2) Name of Program Coordinator:**  | **(5) IHE Mailing Address:** | **(7) City:** |
| **(3) Coordinator’s Title:**  | **(6) IHE Street Address:** | **(8) State:** | **(9) Zip Code:** |

Any additional information that the IHE would like for NHED or the CTE to be aware of regarding this request?

**(12) Specify the program(s) for which an approval is sought. Choose from the drop-down list of endorsements/licensure:**

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| **Ed. Rule(s)** ***Example:*** ***Ed 507.18***  | **Program(s)** ***Early Childhood Education (birth – grade 3)*** | **Approved** **Level(s)\*\*** ***BA, MEd, licensure*** | **SBEApproval** **Date(s)** ***12/2019*** | **Current Expiry** ***12/30/2026***  | **Approval** **Status** ***Full***  |
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| *BA* | *BFA* | *BM* | *BS* | *MEd* | *MAT* | *CAGS* | *EdS* | *PhD* | *EdD* | *Licensure* |

*\*\*Approved Levels:*

*\*\*additional documentation included to support review request:

 Completed Application*

 *A Letter from a Principal Administrator indicating institutional support for a new and/or continued program. A formal request from the highest level of organizational leadership, identifying all new PEPPs or licensure areas the IHE wishes to offer.*

 *Option 1 or 4: Completed application and fee submitted at* ***least 17 months prior*** *to date of program expiry and no later than 12 months prior to review.*

 *Additional documentation included to support request.*

**(13) Signature of Applicant Requesting On-site Review: (15) Date Signed:**

**(14) Title of Applicant:**

**Application Fees for Program Approval [602.05]:**

|  |  |  |  |
| --- | --- | --- | --- |
| *🞎 OPTION 1: “review of existing approved PEPPs”**🞎 OPTION 2: “new PEPP/IHE”* *🞎 OPTION 3: “new additional PEPP level”* *🞎 OPTION 4: “national accreditation PEPP review”* | 🞎 $2,500 + ($150 x # each licensure area(s)) =🞎 $2,000 + ($500 x # each licensure area(s)) =🞎 $500 x # each proposed PEPP(s)=🞎 $50 x # each PEPP(s) = |  | CHECK # of IHE for Application Fee:TOTAL APPLICATION FEE: |

*Checks made payable to:*

*Treasurer, State of New Hampshire*

*Department of Education*

*C/O Bureau of Educator Preparation and Higher Education*

*25 Hall Street*

*Concord, NH 03301*

**Return the application fee** *[602.05]* **and the completed request form to:**

**Administrator of the Bureau of Educator Preparation and Higher Education - Laura.A.Stoneking@doe.nh.gov
or mail to the New Hampshire Department of Education**

**ATTENTION: Bureau of Educator Preparation & Higher Education 25 Hall Street Concord, NH, 03301.**

**Questions/Technical Assistance: Contact the Bureau of Educator Preparation & Higher Education at 603.271.4196.**

Date Associated Fee Received:Check #::Amount:

Date Application Complete:

*PEPP(s) Review Request*  *Updated: ~~1/30/2023~~; 9/27/2023*