**Alternative Certification Program Revision Document**

**Date of Submission** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Program Name:** |
| **Type of Program:** |  General Education |  Special Education |

On both the Written Program and Partnership Agreement sections below, check the appropriate boxes that indicate **only** the components of your approved alternative certification program that require changes. After each checked component, describe the change(s) you are making to the approved alternative certification program and identify the page number(s) where revisions occur (to assist with ACEPPRB review). Only the components you have checked (indicating a revision is contained within that component) will be opened for review by the ACEPPRB. The revisions you insert into this document for each component will supersede information found within the previous written program including the partnership agreement upon WVBE approval. Any unmarked components will **not** be reviewed by the Alternative Certification Educator Preparation Program Review Board (ACEPPRB) and WVBE. All details of the previously approved written program including the partnership agreement which are not marked as being revised will remain in effect. The assurance page(s) with appropriate signatures from all providers/partners (including any new providers/partners) MUST be included within this alternative certification revision document.

**Written Program:**

**Select one of the following options:**

Changes to identified providers/partners: There are no provider/partner changes Adding new providers/partners

*If there are additions to the list of alternative certification program providers/partners, complete the following:*

|  |
| --- |
| **Program Providers (School Districts) -** |
| **Partners -** |
| **New Providers or Partners Entering the Program and Agreements -** |

*Check the appropriate boxes that indicate* ***only*** *the components of your approved written program that contain changes and provide complete details of the change to language in the previously approved written program:*

1. Overview of the program

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1. Candidate Eligibility, Recruitment and Enrollment

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1. Partner Roles and Responsibilities

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1. Program of Study

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 *4a. Special Education*

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 *4b. Elementary Grade Level Instruction*

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 *4c. Instruction of Lab Based/Experiential Settings/ Courses and Drivers Education (if applicable)*

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 5. Support and Observation

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 6. Calendar of Events

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 7. Evaluation and Recommendation for Licensure

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*Check the appropriate boxes that indicate* ***only*** *the components of your approved partnership agreement as part of the written program that contain changes and provide complete details of the change in language:*

**Partnership Agreement (included as part of the written program):**

1. Eligibility

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1. Critical Need Vacancy

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1. Employment Offer Procedure

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1. Program of Study – Instruction

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1. On-the-job Training and Supervision

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1. Standards and Performance Assessments

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1. Professional Support Team

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1. Tuition and Other Charges

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1. Renewal Employment Contract and Program Progress/Completion

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1. Other Provisions (if applicable)

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***Document Submission Instructions:***

*Provide the “Alternative Certification Revision Document” including the assurance statements and any additional supportive documents required for justification of these identified revisions as one unified PDF to the Office of Certification and Professional Preparation at the WVDE for ACEPPRB and sub-sequential WVBE review. Revisions will not be effective until the date of WVBE approval.*

**Assurance Statements and Signatures of Currently Approved Program Providers/Partners**

Signatures verify agreement with all details of the previously approved alternative certification program and the revisions identified within this document. All program providers (school districts) and partners assure that the revised program (including the partnership agreement) complies and will remain in compliance with all WVBE Policy 5901 and West Virginia State Code requirements for the alternative certification of teachers.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Alternative Certification Program**

**Program Providers Revising the Program and Partnership Agreement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Name of the School District Superintendent Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Name of the School District Superintendent Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Name of the School District Superintendent Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Name of the School District Superintendent Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Name of the School District Superintendent Signature Date**

**Partners Revising the Program and Partnership Agreement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Institution of Higher Education Authorized Official Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**West Virginia Department of Education State Superintendent Signature Date**

**Assurance Statements and Signatures of New Program Providers - School Districts**

***(Only required if adding new Program Providers/Partners)***

Signatures verify agreement with all details of the previously approved alternative certification program and the revisions to the program identified within this document. As a new program provider (school district) of this program, our school district agrees to become a part of this WVBE approved alternative certification program (including the partnership agreement) and will assume all aspects of the roles and responsibilities assigned to school districts as providers of the program. As a new program provider our school district assures that the revised alternative certification program (including the partnership agreement) complies and will remain in compliance with all WVBE Policy 5901 and West Virginia State Code requirements for the alternative certification of teachers.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Alternative Certification Program**

**New Program Providers Entering the Program and Partnership Agreement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Name of the School District Superintendent Signature Date**

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**Name of the School District Superintendent Signature Date**

**Assurance Statements and Signatures of New Program Partners - IHE(s) or the WVDE**

***(Only required if adding new Program Providers/Partners)***

Signatures verify agreement with all details of the previously approved alternative certification program and the revisions to the program identified within this document. As a new partner, our organization agrees to become a part of this WVBE approved alternative certification program and will assume the roles and responsibilities identified within this document which are assigned to our organization. As a new partner our organization assures that the revised alternative certification program (including the partnership agreement) complies and will remain in compliance with all WVBE Policy 5901 and West Virginia State Code requirements for the alternative certification of teachers.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Alternative Certification Program**

**New Partners Entering the Program and Partnership Agreement:**

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**Institution of Higher Education Authorized Official Date**

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**West Virginia Department of Education State Superintendent Signature Date**