EARLY CHILDHOOD ANCILLARY CERTIFICATE PROGRAMS
PROCESS FOR REVISING BESE-APPROVED APPLICATION FOR PROGRAM APPROVAL

A. Procedure
Early Childhood Ancillary Certificate Programs approved by the Board of Elementary and Secondary Education (BESE) are to offer the preparation program as described in their approved Application for Program Approval.

As providers identify changes to strengthen program as described in the approved Application for Program Approval, they must submit a Revision Request for approval by the Louisiana Department of Education (LDE). Following review by the LDE, the provider will be notified of the decision within four weeks of the receipt of request.

The LDE will maintain a copy of approved revision requests. All revision requests should be submitted to BelieveAndPrepare@la.gov.

B. Requirements
Providers only need to submit a revision request for changes to the program that affect the following sections of the Application for Program Approval:

- Partnership Development
- Recruitment and Selection of Candidates
- Applied Practice Site Selection
- Program Implementation Planning
- Provider Evaluation of Program Success
- Program Design

Revisions to sections not listed above do not need to be submitted to and approved by the LDE.

C. Revision Request
A complete revision request must include:

1. Explanation of Revisions Requested- Programs should submit an explanation of the revisions requested in writing for the LDE to review. The request should include:
   a. Explain the requested revision and identify each of the sections of the Application for Program Approval that will be affected.
   b. Provide rationale for the proposed program revision(s).
   c. Include information regarding the timeline and process for implementation of the proposed revision.

2. Revision Request Signature Page- Include signatures from the program director/head and operating agency CEO/administrator indicating that the proposed revisions have been reviewed and approved by the organization.
REVISION REQUEST SIGNATURE PAGE
EARLY CHILDHOOD ANCILLARY CERTIFICATE PROGRAM

PROVIDER APPROVAL:

The signatures on this page certify that the attached Revision Request(s) have been approved for submission to the Louisiana Department of Education by the Program Head (or designee) and Operating Agency CEO/Administrator.

Program Head or designee:

___________________________________________   _________________________________
Printed Name        Title

_______________________________________________  ______________________________
Signature        Date

Operating Agency CEO/Administrator:

___________________________________________   _________________________________
Printed Name        Title

_______________________________________________  ______________________________
Signature        Date