

# Application for CEC Accreditation Eligibility

## Program Chair/Lead Administrator \*

First Name

Last Name

*The program chair and/or lead administrator is the individual with the authority and responsibility for the development and administration of the program.*

## Program Chair/Lead Administrator Title \*

## Application Submitted By

First Name

Last Name

*If different from Program Chair/Lead Administrator*

## Submitter Title

## Institution/Parent Organization Name \*

## Program Name \*

A program is defined as a sequence of coursework and experiences leading to a degree and/or credential (e.g., state licensure) that entitles the holder to perform professional special educator services.

Each program must submit a separate application.

If the program is designed to lead to two or more special educator licensure/credentials and all program completers earn the same credentials then only one program application is required.

If the program results in candidates not getting the same credentials upon program completion then separate applications reflecting the program, field experiences, assessments, rubrics and data for the candidates earning each is required.

## Program Contact Address \*

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Invoices will be sent to this address.

## Regional Accreditor \*

*Regional Accreditation at the institutional level is required to pursue CEC Accreditation. A list of regional accreditors can be found [here](#).*

## Please upload proof of current institutional regional accreditation. \*

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

**Does the program have state authorization/approval? \***

Yes

No

**Number of currently admitted candidates \***

**Number of completers within the last three years \***

**Does the program have any additional accreditation(s) and/or certification(s)?**

**Degree Granted \***

Degree and program name as listed on the transcript upon completion. Include grade levels/age ranges

**What licensure/credential are program completers recommended for? \***

**Is this program for an initial (first) or advanced (additional) special educator license? \***

Initial

Advanced

CEC defines an Initial Program as a program that is designed for a first time licensure in special education. An Advanced Program is a program that is designed for candidates who already hold licensure within special educator preparation and are seeking an additional licensure.

**Which set of standards applies to this program? \***

- 2020 Initial K-12 Professional Preparation Standards for Special Educators (K-12 Initial)
- Advanced Special Educator Preparation
- Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators (EI/ECSE)

At this time CEC Accreditation is only available for programs that use the above CEC Standards. Please review the standards on CEC's website to determine which set is most appropriate for your program.

**Please upload the program of study from the official course catalog along with any advising sheets/program completion documents that outline program completion. \***

Choose File

Select up to 3 files to attach. No files have been attached yet. You may add 3 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

If the program holds instruction at multiple sites/campuses the program curriculum should be the same. If the curriculum is different, it is considered an additional program.

**Faculty \***



	A	B	C	D
1	<input style="width: 100px; height: 20px;" type="text"/>	Faculty Name	Highest Degree Obtained, Field, University	Program Role (Faculty, department chair, administrator, field experience supervisor)
2	1			
3	2			
4	3			
5	4			

	A	B	C	D
6	5			
7	6			
8	7			

Include information for faculty who are responsible for coursework, clinical experience, and/or administration of the program.

**Are there any state and/or institutional policies that may influence the program's ability to apply CEC Standards? \***

- Yes
- No

Please list any potential issues that prohibit or impact the program's ability to provide evidence in support of CEC standards.

**Please describe the state and/or institutional policies that may influence the program's ability to apply CEC Standards \***

**What is the method of program instruction? \***

- Solely In-person
- Solely Virtual/Distance
- Hybrid

**What semester do you plan to submit your accreditation report? \***

Please review data and evidence requirements to determine the program's readiness to submit its report. For CEC Accreditation purposes semesters refer to January 1 - June 30 as Spring and July 1 -

December 31 as Fall. Program reports must be submitted within three (3) years of application approval.