**South Carolina Department of Education**

**Office of Educator Services**

**Educator Preparation**

**Statement of Intent to Submit an Experimental or Innovative Program**

This form is for currently approved providers to notify the South Carolina Department of Education (SCDE) of the intent to submit a proposal for an experimental or innovative program. To be considered experimental or innovative, the proposed program must meet one or more components that are not allowable under current State Board of Education (SBE) guidelines and policies. This form must be submitted to the South Carolina Department of Education (SCDE), Office of Educator Services, a minimum of 60 days before the full program proposal will be submitted. Detailed information on the submission process can be found at the following [link](https://ed.sc.gov/educators/educator-preparation/educator-preparation-units/program-approval/).

1. **Provider and Program Details**

Name of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Proposed Experimental or Innovative Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended Degree:

\_\_\_Bachelor’s

\_\_\_Master’s

\_\_\_Education Specialist

\_\_\_Doctorate

\_\_\_Post-baccalaureate/Certification Track only

Date of Proposal Submission to CHE (if CHE approval is required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended Submission Date to the SCDE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification Field(s) to be Recommended Upon Candidate Program Completion:

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

1. **Intent**

As part of this Statement of Intent, provide a brief program summary including an explanation of why the proposed program would not be allowable under current SBE guidelines and policies (250 word maximum).

1. **Program Approval Information**

* The provider cannot offer any educator preparation program leading to a South Carolina credential until approval is granted by the institution (college or university), the Commission on Higher Education (CHE) if required, and the SCDE.
* The educator preparation provider must not represent to students, candidates, prospective candidates, members of the public or others that any coursework or programs currently offered leads to a South Carolina teaching credential, certificate, or authorization until approval has been granted by the institution, the CHE (if a public provider), and the SCDE.
* The SCDE is not authorized to issue an educator certificate to program completers until the program has been approved by the SBE.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_