## SEDsealApplication for Registration of New Programs [[1]](#footnote-1) Leading to:

## School Psychologist or the PPS Bilingual Education Extension for Provisional and Permanent Certificates

This application is for New York degree-granting institutions seeking to register a new program leading to certification for **School Psychologist, or the pupil personnel services bilingual education extension to provisional or permanent certificates.** If the proposal is for a program at the graduate level for a certification area that is new to the institution an [External Review](http://www.nysed.gov/college-university-evaluation/external-reviews) of the program will be required.

|  |  |
| --- | --- |
| MC900411244[1] | This application **should NOT** be used for the following types of program proposals:* Programs Leading to **School Counselor**
* Teacher Certification;
* Programs Leading to Transitional-B or Transitional-C Certification;
* Programs Leading to Educational Leadership Certification;
* Revisions to Existing Registered Programs; or
* Programs Preparing Licensed [Professionals](http://www.op.nysed.gov/prof/).

The application materials for those types of proposals can be found at: [http://www.highered.nysed.gov/ocue/aipr/register.html](http://www.nysed.gov/college-university-evaluation/state-teacher-educational-leader-or-pupil-personnel-services-program) |

#### Completing and Submitting Your Application

The Office is committed to a review of proposals within 30 working days of receipt. If a proposal is incomplete, or issues are raised, the contact person identified in the proposal will be informed of the specific questions. Once contacted, institutions have 30 working days to provide a comprehensive electronic response to the questions and resubmit the proposal. If the proposal is not resubmitted within 30 working days or if identified items are not adequately addressed in the resubmission, the proposal will be withdrawn from further consideration.

#### Directions for submission of proposal:

1. Create a ***single*** PDF document that includes the following completed forms:

* CEO (or Designee) Signature Approval Form
* This Application
* Master Plan Amendment Supplement and Abstract (if applicable)
* External Review of Certain Degree Programs and Response (if applicable)
* Application to Add the Distance Education Format to a New or Registered Programs (if applicable)

2. Create a separate PDF document for any required syllabi or CVs.

3. Attach the PDF documents to an e-mail.

4. Send e-mail to **OCUEedapps@mail.nysed.gov**

When submitting to the mailbox, include the following elements in the subject line of the e-mail:

Institution Name, Degree Award, and Program Title

E.g., Subject: AAA College, New Program, Master of Science in Education, School Counseling

# **Program registration** is based on standards in the [Regulations](http://www.highered.nysed.gov/ocue/lrp/rules.htm) of the Commissioner of Education. Section [52.1](http://www.highered.nysed.gov/ocue/title_8_chapter_ii_regulations_o.htm#§%2052.1%20Registration%20of%20postsecondary%20curricula.) defines the curricula that must be registered. The Department registers individual curricula rather than the institution, but the registration process addresses major institutional elements. It is the chief means by which the Regents support the quality of college and university programs. Please enter the requested information about the proposed program.

Institution and Program Information

|  |
| --- |
| Institution Information |
| **Institution Name:** Institution Code (6 digits):***The name and code of the institution should reflect the information found on the*** [***Inventory of Registered Programs***](http://www.nysed.gov/heds/IRPSL1.html) |            |
| Institution Address: |       |
| City: |       |
| State/Country:  |       |
| Zip: |       |
| [Regents Regions](http://www.nysed.gov/college-university-evaluation/counties-organized-regents-higher-education-region)*:* |       |
| Specify campus(s) of the institution where program is offered, if other than the main campus: ***The name and code of the location(s) should reflect the information found on the*** [***Inventory of Registered Programs***](http://www.nysed.gov/heds/IRPSL1.html) |       |
| Specify any other additional campus(s) where the program is offered besides the ones selected above: |       |
| If any courses will be offered off campus, indicate the location and number of courses and credits: |       |
| If the program will be registered jointly with another institution, please provide the partner institution's name:  |       |
| Program Information for New Programs  |
| **Program Title:** |       |
| [**Degree/Award (See 3.50 Registered Degrees)**](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations)**:** |       |
| [**HEGIS code**](http://www.nysed.gov/college-university-evaluation/new-york-state-taxonomy-academic-programs-hegis-codes)**:** |       |
| **Number of Credits\*:**  |        |

**If program is part of a dual degree program, provide the following information:**

|  |  |
| --- | --- |
| **Program Title:** |       |
| [**Degree/Award (See 3.50 Registered Degrees)**](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations)**:**  |       |
| [**HEGIS code:**](http://www.nysed.gov/college-university-evaluation/new-york-state-taxonomy-academic-programs-hegis-codes) |       |
| **Section III.   Contact Information**  |       |
| **Name of contact person**  |       |
| **Title of contact person:**  |       |
| **Telephone**  |  |
| **Fax:**  |       |
| **Email:**  |       |

\*The CEO/Chancellor/Provost should inform this department in writing when there is a change in the designated person.

Program registration is based on standards set forth in Part 52.1 and 52.21(a)\* of the Regulations of the Commissioner of Education. In addition, Part 80-2.3 and Part 80-2.9 provides information specific to the regulatory requirements for Pupil Personnel Services (PPS) certificate tiles and the Bilingual Education Extension for provisional and permanent PPS titles. The Department registers individual curricula rather than the institution as a whole, but the registration process addresses major institutional elements. It is the primary means by which the Regents support the quality of college and university programs.

|  |
| --- |
| Regulatory Requirements for Programs Leading to Provisional/Permanent Certificates for School Psychologist, and the Bilingual Education Extension for Pupil Personnel Services Titles.  |
| **General requirements for registering a program leading to certification in pupil personnel services should include:** * General education and subject specialization, behavioral and social sciences related to teaching, and education theory and practice.
* Clear statements of the program objectives in observable behavioral terms and procedures for continuous evaluation.
* Procedures for subsequent program modification as found necessary by evaluation.

\* Based on the [Regulations of the Commissioner of Education Part 52.21 (a)](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations), for full text see actual regulations. **Specific requirements for Programs Leading to School Psychologist** * **School psychologist**
	+ *Provisional certificate*
		- The candidate shall:
			* hold a baccalaureate degree from a regionally accredited institution of

higher education or from an institution approved by the department and * have completed 60 semester hours of graduate study, including a college-supervised internship in the field of school psychology.
	+ *Permanent certificate*
		- The candidate shall have completed:
			* all the requirements for the provisional certificate and
			* two years of school experience in the field of pupil personnel services.

For more information on applicable courses for programs leading to certification as a school psychologist, please see Department Expectations: Pupil Personnel Services in the Guidance Document for Registering Teacher, Educational Leader and Pupil Personnel Services Programs Leading to Certification. \*Based on the Regulations of the Commissioner of Education Section 80-2.3, for full text see actual regulations. For more information visit [The Office of Teaching Initiatives website for Part 80 links.](https://www.highered.nysed.gov/tcert/regulations.html) |
| Program Information and Sample Program SchedulePlease enter the requested information about the proposed program. |
| **1. Program Format and Mode** |
| Check all program scheduling and format features that apply: (See [definitions](http://www.nysed.gov/college-university-evaluation/format-definitions))**a)** **Format**: [ ] Day [ ] Evening [ ] Weekend [ ] Evening/Weekend [ ] Not Full-Time**b)** **Mode**: [ ] Standard [ ] Independent Study [ ] External Accelerated[ ]  [ ]  Distance Education(for the Distance Education format submit a [distance education application](http://www.nysed.gov/college-university-evaluation/state-teacher-educational-leader-or-pupil-personnel-services-program) with this proposal)**c) Other**: [ ] Bilingual [ ] Language Other Than English [ ] Upper Division Program |
| **2. Program Description and Purpose** |
| 1. Provide a brief description of the program as it will appear in the institution’s catalog and on the institution’s webpage.

*Answer*:       |
| 1. Identify the provisional and/or permanent certificate title for which the institution would like the authority to recommend as a result of registration of this proposed program.

*Answer*:       |
| 1. What is the documented need for this program?

*Answer*:       |
| 1. What are the anticipated Year 1 *through* Year 5 enrollments?

*Answer*:       |
| **3. Sample Program Schedule** |
| 1. Complete the [Graduate Program Schedule Table](#PPS_Grad_Prog_Sched).
 |
| 1. If the program will be offered through a nontraditional schedule, provide an explanation of the schedule, including its impact on financial aid eligibility.

*Answer*:       |
| 1. Confirm that for each (one) credit there is at least 15 hours (of 50 minutes each) of instruction and at least 30 hours of supplementary assignments.[ ]  Yes [ ] No If no, explain:
 |
| 1. For existing courses, submit a copy of the catalog description.
 |
| 1. Submit syllabi for each **new course** as an addendum to this application. Syllabi should include a course description and identify course credit, objectives, topics, student outcomes, texts/resources, and the basis for determining grades.
 |
| 1. Indicate how the proposed program will ensure that candidates have knowledge of the means for identifying and reporting suspected child abuse and maltreatment, which shall include at least two clock hours of coursework or training regarding the identification and reporting of suspected child abuse or maltreatment, in accordance with the requirements of section 3004 of the Education Law.

*Answer*:        |
| 1. Indicate how the proposed program will ensure that candidates have knowledge of the means for the prevention of and intervention in school violence, in accordance with section 3004 of the Education Law. This study shall be composed of at least two clock hours of course work or training that includes, but is not limited to, study in the warning signs within a developmental and social context that relate to violence and other troubling behaviors in children; the statutes, regulations and policies relating to a safe nonviolent school climate; effective classroom management techniques and other academic supports that promote a nonviolent school climate and enhance learning; the integration of social and problem solving skill development for students within the regular curriculum; intervention techniques designed to address a school violence situation; and how to participate in an effective school/community referral process for students exhibiting violent behavior.

*Answer*:        |
| 1. Indicate how the proposed program will ensure that candidates have means for instructing students for the purpose of preventing child abduction (Education Law Section 803-a) in accordance with Education Law section 803-a; preventing alcohol, tobacco and other drug abuse, in accordance with Education Law section 804; providing safety education, in accordance with Education Law section 806; and providing instruction in fire and arson prevention, in accordance with Education Law section 808

*Answer*:        |
| 1. Indicate how the proposed program will ensure that candidates have means for the prevention of and intervention in harassment, bullying and discrimination in accordance with section 14 of the Education Law. Such study shall include six clock hours, of which at least three hours must be conducted through face-to-face instruction, of course work or training on the social patterns of harassment, bullying and discrimination, as defined in section 11 of the Education Law, including but not limited to those acts based on a person’s actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex; the identification and mitigation of harassment, bullying and discrimination; and strategies for effectively addressing problems of exclusion, bias and aggression in educational settings.

*Answer*:        |
| 1. **Only for master’s degree programs**, as required under §52.2(c)(8), research or a comparable occupational or professional experience shall be a component of each master’s degree program. This normally includes at least one of the following: passing a comprehensive test, writing a thesis based on independent research or completing an appropriate special project. Identify how this requirement is met, including course number if applicable.

*Answer*:       |

**Graduate Program Schedule Table**

|  |
| --- |
| * Indicate **academic calendar** type: [ ]  Semester [ ]  Quarter [ ]  Trimester [ ]  Other (describe):
 |
| * Label each term in sequence, consistent with the institution’s academic calendar, e.g., Fall 1, Spring 1, Fall 2.
* Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed.
 |
| **Term:** |  | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
| Term credit total: |     |  | Term credit total: |     |  |
| **Term:** | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
| Term credit total: |     |  | Term credit total: |     |  |
| **Term:** | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
| Term credit total: |     |  | Term credit total: |     |  |
| **Term:** | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
| Term credit total: |     |  | Term credit total: |     |  |
| **Program Totals:** | **Credits:** |  |
| **New**: indicate if new course **Prerequisite(s)**: list prerequisite(s) for the noted courses |

|  |
| --- |
| **Faculty** |
| 1. Complete the faculty tables for the programs full-time faculty, part-time faculty, and/or faculty to be hired, as applicable. If the proposed programs are to be offered at multiple campuses, please submit the faculty tables for each campus.
 |
| 1. Submit individual faculty curricula vitae for each instructor in the proposed program as an addendum to this application.
 |
| 1. What is the institution’s definition of “full-time” faculty?

*Answer*:       |

**Full-Time Faculty Table**

**Note:** Faculty teaching at the graduate level must have an earned doctorate/terminal degree or demonstrate special competence in the field.

| **Faculty Member Name and Title** (include and identify **Program Director**) | **List All Earned Degrees & Disciplines** (include College/University). **Disciplines must be identified.** | **Additional Qualifications:** list related certifications/ licenses; professional experience; scholarly contributions, etc. | **Program Courses (Course Number and Title) Must be Listed**  | **Percent Time to Program** |
| --- | --- | --- | --- | --- |
| *Example:* *Jonathan Smith, Associate Professor* *Program Director* | *Example:* *Ph.D. in School Psychology, Alfred University* *M.A. in School Psychology, Alfred University**B.S. in Elementary Education, SUC Geneseo*  | *Example:* *Childhood Education certificate* *Smith, J. M. (2011). Evidence-based interventions: Identifying key concepts. New York School Psychologist, 26(3), 7 & 28-29..* | *Example:* *PSYC 651 Academic Interventions*  | *Example:* *60%* |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Part-Time Faculty Table**

**Note:** Faculty teaching at the graduate level must have an earned doctorate/terminal degree or demonstrate special competence in the field. Provide information on part-time faculty members who will be teaching each course in the major field or graduate program. The application addendum for professional licensure, teacher certification, or educational leadership certification programs may provide additional directions for those types of proposals.

| **Faculty Member Name and Title** (include and identify Program Director) | **List All Earned Degrees & Disciplines** (include College/University). **Disciplines must be identified.** | **Additional Qualifications:** list related certifications/ licenses; professional experience; scholarly contributions, etc. | **Program Courses (Course Number and Title) Must be Listed** |
| --- | --- | --- | --- |
| *Example:* *Jonathan Smith, Associate Professor* *Program Director* | *Example:* *Ph.D. in School Psychology, Alfred University* *M.A. in School Psychology, Alfred University**B.S. in Elementary Education, SUC Geneseo*  | *Example:* *Childhood Education certificate* *Smith, J. M. (2011). Evidence-based interventions: Identifying key concepts. New York School Psychologist, 26(3), 7 & 28-29..* | *Example:* *PSYC 651 Academic Interventions*  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Faculty to be Hired Table**

|  |
| --- |
| If faculty must be hired, specify the number and title of new positions to be established and minimum qualifications. |
| **Title/Rank of Position** | **No. of New Positions** | **Minimum Qualifications** (including degree and discipline area) | **F/T or P/T** | **Percent Time to Program** | **Expected Course Assignments** | **Expected Hiring Date** |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |

|  |
| --- |
| **Resources** |
| **Resources, Facilities and Academic Support Services** |
| 1. Complete the [New Resources Table](#New_Resources_T). If no added resources are needed for the proposed program, describe why none are needed.

*Answer:*       |
| 1. What library resources will be added to support this program?

*Answer:*       |
| 1. Describe the academic support services provided by the institution and highlight those services specifically designed for students within this program to ensure their success.

*Answer:*       |

**New Resources Table**

|  |
| --- |
| List **new** resources that will be engaged specifically as a result of the new program (e.g., a new faculty position or additional library resources). New resources for a given year should be carried over to the following year(s), with adjustments for inflation, if they represent a continuing cost.  |
| **New Expenditures** | **Year 1** | **Year 2** | **Year 3** |
| Personnel |       |       |       |
| Library |       |       |       |
| Equipment |       |       |       |
| Laboratories |       |       |       |
| Supplies & Expenses (Other Than Personal Service) |       |       |       |
| Capital Expenditures |       |       |       |
| Other |       |       |       |
| **Total all** |       |       |       |

|  |
| --- |
| Admissions and Content Core Coursework |
| 1. Admissions |
| a) Please check that the program, meets the following requirements:[ ]  The program requires candidates to hold a baccalaureate degree from a regionally accredited institution of higher education or from an institution approved by the department as a pre-requisite for admission. |
| b) List all program admission criteria and provide the programs’ checklist or other documentation the institution uses to verify these requirements are met. Be specific. This checklist may be pasted into the answer below or added as an addendum to this application.Answer:       |
| c) Describe the process for evaluating exceptions to these requirements.Answer:       |

|  |
| --- |
| 2. Program Coursework  |
| List all courses within the proposed program below; include course number and course title. Identify required courses (R) and electives (E). Identify the instructor designated for each course and their status as full time (FT) or part time (PT) faculty. |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number and Title** | **Credits** | **R/E** | **Instructor/status** |
| PSYC 651: Academic Interventions | 3 | R | J. Smith / FT |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

 |

|  |
| --- |
| **Supervised Practice or College-Supervised Internship** |
| List the courses that require a supervised practice or a college-supervised internship:

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Instructor** | **Semester** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

 |
| **Bilingual Education Extension for Provisional and Permanent Pupil Personnel Services (PPS)**  |
| **Please note: Bilingual Education Extensions must be minimally 15 credits**.  |
| **Specific requirements for Programs Leading to:** * **Bilingual Education Extension for Pupil Personnel Services Titles**
	+ The Program shall include a minimum of 15 credits
		- Course content that addresses:
			* Cultural perspectives
			* Theory and practice of bilingual/multicultural education,
			* Methods of providing serves in the native language
		- An appropriate college-supervised field experience in the certificate area (school psychologist, school social worker) in a bilingual context.

\*Based on the [Regulations of the Commissioner of Education Section 80.2-9,](https://www.highered.nysed.gov/tcert/regulations.html) for full text see actual regulations.  |
| 1. Please indicate the target language(s) for the Bilingual Education Extension and how the candidate’s language proficiency is evaluated.

*Answer:*       |
| 1. Please complete the table indicating the courses in the program that meet the content requirements of the Bilingual Education Extension:

1. Cultural perspectives2. Theory and practice of bilingual/multicultural education 3. Methods of providing services in the native languageUsing the number listed next to the required bilingual content, identify the course that includes the content provided above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Number and****Title** | **Credit** | **Required/Elective** | **Instructor(s)/Status** **FT/PT** | **Bilingual Content Area** **(1, 2, 3)** |
| PSYC 620: Social Context and the Family | 3 | R | A. Soto/FT | 1,2 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 |
| 1. List the course(s) associated with the required college-supervised field experience in a bilingual context:

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Instructor** | **Semester****(Fall, Spring)** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

 |

1. CUNY and SUNY institutions: You must contact System Administration for program registration processes, procedures, timelines and applications. [↑](#footnote-ref-1)