

Appendix H.

EPP Modification Form

Education Preparation Provider (EPP) Modification Form

This form is to be used for a currently accredited/state-approved EPP to request review of a proposed modification of its organization and/or program(s).

The following list, in part, describes some of the changes that could occur that would substantively modify an EPP program:

- Change in EPP name
- Change in EPP organization/structure
- Change in ownership
- Changes in EPP curriculum/courses
- Changes in EPP grade structure
- Other

The review and approval process may take up to 60 calendar days, depending on the proposed modification, the modification timeline, and the completeness of the modification submission. An EPP cannot begin advertising the modification until approved by OSSE.

Please provide the following information in the chart below:

Date submitted to OSSE	
Education Preparation Provider (EPP)	
EPP Leader	
EPP Leader contact information	Email:
	Phone:
Name of individual submitting EPP modification	
Contact information for individual submitting EPP modification (if distinct from EPP leader contact information)	Email:
	Phone:
Most recent approval date for EPP accreditation/state approval	
Description of the EPP modification proposed above:	

Timeline
Please submit, as one or more attachments to this form, supporting documentation (on EPP letterhead) below:
<ul style="list-style-type: none"> • Reason/rationale for proposed modification
<ul style="list-style-type: none"> • Relevant context/background for proposed modification (<i>i.e.</i>, new organization), if different than reason/rationale above.
<ul style="list-style-type: none"> • Impact on current applicants and/or candidates, including plans to assure the program completion of current candidates.
<ul style="list-style-type: none"> • Impact on future applicants and/or candidates, including plans to assure the program completion of future candidates.
<ul style="list-style-type: none"> • Impact on current EPP staff and/or faculty.
<ul style="list-style-type: none"> • Impact on future EPP staff and/or faculty.
<ul style="list-style-type: none"> • Impact on current budget.
<ul style="list-style-type: none"> • Impact on future budget.
<ul style="list-style-type: none"> • Description of how students, faculty and staff will be notified of the proposed modification.
<ul style="list-style-type: none"> • Other supporting documentation.

Please submit the completed form to Joelle Lastica Hlava, State Approval Administrator, at Joelle.LasticaHlava@dc.gov. If you have any questions, please email Dr. Lastica Hlava or call (202) 741-1888.

EPP Leader or Authorized Representative Name Title
(printed)

EPP Leader or Authorized Representative Signature Date
