# PROVIDER- LEVEL INFORMATION

# CONTACT INFORMATION: In the chart below provide key contact information.

|  |  |
| --- | --- |
| **Provider Name and Address:** |  |
| **Provider Phone Number:** |  |
| **Provider Web Site:** |  |
| **Name of College or University President or Provider CEO:** |  |
| **Provider Organizational Type (e.g., Public College or University, Private College or University, Private Organization)** |  |
| **Preparation Program Unit Type (e.g., College of Education, School of Education, Department of Education, Independent Program, Other)** |  |
| **Preparation Program Unit Web Site:**  |  |
| **Name of Dean/Director:** |  |
| **Dean/Director Direct Phone Number:** |  |
| **Dean/Director Email:** |  |

# PROGRAMS OFFERED: In the chart below, list each of the programs you currently offer as an undergraduate, graduate, and/or non-degree certificate only program. In parentheses following each listing, denote the number of candidates that are currently enrolled in each of the programs.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Undergraduate**(Number of candidates currently enrolled in each program) | **Graduate**(Number of candidates currently enrolled in each program) | **Non-degree Certificate Program**(Number of candidates currently enrolled in each program) |
|  |  |  |  |

# KEY STAFF

|  |
| --- |
| **Provide a list of the name and position of each staff or faculty member, where appropriate note the program name.** |
|   |

# ADDITIONAL QUESTIONS

|  |
| --- |
| **Innovative Features:** Use the space below to describe one or two innovative features of your program.  |
|   |

|  |
| --- |
| **Special Features/Terms and Additional Information**: If there are features unique to your program, including unique terms, that your team uses please include them here. Also share any additional information that you believe is critical to support reviewers in understanding you as a provider. |
|  |