



For Office Use Only

- Educator Preparation: + Content Experience
- Educator Preparation: + Practicum Supervision Experience

APPLICATION PROGRAM REVIEW AND ACCREDITATION TEAM

I have attached a copy of my CV to this application.

DATE OF APPLICATION: _____

Last Name: _____ First Name: _____ Cell: _____

Email: _____ Mailing Address: _____

PROFESSIONAL REFERENCES

Name	Email	Cell	Place of Employment /Position	Nature and Length of Professional Relationship

PROGRAM REVIEW EXPERIENCE AND PREFERENCES

Have You Served as an IDA Accredited Program Reviewer Previously?

- Yes When? _____ For Which Programs? _____
- No

Select **all** peer reviewer roles you are interested in:

- Team Chair Review Team Member

Select **all** periods of peer review availability:

- September 1-December 10 February 1- May 10 June 1- September 10

PROFESSIONAL AFFILIATION

Place of Employment: _____ Position: _____

Primary Responsibilities: _____

Is your place of employment an IDA Accredited Program? _____

Is your place of employment intending to pursue IDA Program Accreditation at some point in the future? _____

ETHICS AND CONFLICT OF INTEREST ACKNOWLEDGEMENT:

I have read, understand, and agree to abide by the standards pertaining to Professional Dispositions and Practices and Conflicts of Interest

I do not have any potential conflicts of interest that might disqualify me from objectively reviewing a specific program of training, training organization, or program of instruction.

In anticipation of my participation in the accreditation review process, I certify that I will not disclose any information about the application and/or the applicant, during the evaluation process or at any subsequent time thereafter, to anyone who is not also authorized to access the information.

Printed Name

Signature

Date

PERSONAL STATEMENT

Briefly describe your reasons for wanting to serve as a member of an IDA Program Review and Accreditation Team:

STATEMENT OF PROFESSIONAL EXPERIENCE AND EXPERTISE: EDUCATOR PREPARATION -CONTENT

Briefly describe your professional experience and expertise in preparing reading educators to master KPS-aligned content knowledge, including knowledge pertaining to the principles and practices of Structured Literacy:

STATEMENT OF PROFESSIONAL EXPERIENCE AND EXPERTISE: EDUCATOR PREPARATION -PRACTICUM SUPERVISION

Briefly describe your professional experience and expertise in supervising the reading practicum experiences of reading educators sufficient for them to master KPS-aligned applied competencies, including those associated with the principles and practices of Structured Literacy:

PROGRAM AND PRODUCT RELATIONSHIPS:

List any programs or products with which you are affiliated and explain the nature of the affiliation (practitioner, trainer, employee, author, owner, etc.).

PROGRAM/PRODUCT	AFFILIATION	DESCRIPTION OF AFFILIATION

PROFESSIONAL CREDENTIALS:

List your, professional credentials, including degrees and certifications, **relevant to** the theory or practice of scientifically-based reading instruction and/or the treatment of dyslexia and related reading and language difficulties.

EDUCATION OR TRAINING PROGRAM	CREDENTIAL EARNED	DATE COMPLETED	FIELD OF STUDY

EXPERIENCE:

List any Administrative or Instructional Leadership Role in an Educator Preparation Program that prepares candidates to serve the reading and/or remedial reading needs of students:

POSITION	PROGRAM	LOCATION	SERVICE PERIOD

(END)