



# LOUISIANA DEPARTMENT OF EDUCATION

## Program Approval

Provider Assurances for a New Pathway or Current Pathway

NAME OF PROVIDER \_\_\_\_\_

Please indicate the type of application being submitted:

**Adding certification areas to a:**                      **Pathway and Route:**

I attest that the information submitted in the Initial Application for a New Pathway or Current Pathway is true and accurate to the best of my knowledge.

*The signatures below indicate that leaders responsible for overseeing design and implementation of the programs included in this application, including deans and/or directors of colleges and/or schools who provide coursework for these programs, have approved the information provided in this application for submission to the Louisiana Department of Education.*

\_\_\_\_\_  
*Dean or Director, Print/Type Name*

\_\_\_\_\_  
*Dean or Director, Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Other Campus/ Provider Head or Designee, Print/Type Name*

\_\_\_\_\_  
Title

\_\_\_\_\_  
*Other Campus/ Provider Head or Designee, Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Other Campus/ Provider Head or Designee, Print/Type Name*

\_\_\_\_\_  
Title

\_\_\_\_\_  
*Other Campus/ Provider Head or Designee, Signature*

\_\_\_\_\_  
Date

**Louisiana Believes**