# Instructor or Course Change Form to be Submitted to ADE

Instructions
For revisions to the *already approved* SEI Endorsement Course or to *add a qualified instructor*, please submit this form and all accompanying documentation to OELAS at the Arizona Department of Education (ADE). If changes to the approved course are being submitted, please resubmit the full course for an updated and comprehensive course review (use this [Submission Checklist](https://www.azed.gov/sites/default/files/2020/11/SEI%20Endorsement%20Course%20Submission%20Checklist.docx)).

Send all materials to either:

**Office of English Language Acquisition Services**

1535 West Jefferson Street

Bin 31

Phoenix, AZ 85007

***OR***

SEICourseReview@azed.gov

## [ ]  Change to Course Contact(s)

[ ]  Business/District/School Contact Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Webpage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## [ ]  Change to Course Instructor(s)

[ ]  Primary Instructor (*If more than two instructors will be providing the training, please provide a document with all instructors and documentation of their credentials. This list must be submitted annually if instructors change.*):

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## [ ]  Instructor Qualifications & Documentation

 [ ]  Valid Arizona Teaching Certificate

## Qualified instructors must hold at least ONE OF the following credentials (check the appropriate option and provide documentation of credentials AND resume):

[ ]  Full ESL, or Bilingual Endorsement AND a minimum of three years of teaching experience working with English Learners (ELs)

[ ]  Full SEI endorsement AND a minimum of three (3) years of teaching experience working with ELs AND a recommendation from a supervisor, EL Coordinator, or Curriculum Director

## AssurancesBy signing this form, the submitter agrees to the following assurances:

1. No significant changes will be made to the syllabus or any provided documentation without notification sent to ADE.
2. Only the official certificate of completion provided by the ADE upon Arizona State Board of Education approval will be used and provided to participants.
3. Certificates of completion will only be provided to participants who have met all learning objectives as described in the SBE approved course syllabus.

Name of Submitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Submitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Attachments

[ ]  List of additional instructor(s), *if applicable*

[ ]  Credentials/copy of Arizona Teaching Certificate for each added instructor (with evidence of endorsement)

[ ]  Resume for each added instructor