



LOUISIANA DEPARTMENT OF EDUCATION

Program Approval

Provider Assurances for a New Training Program

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 Training Program 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