

DELAWARE PROFESSIONAL STANDARDS BOARD

The Townsend Building
401 Federal St.
Dover, DE 19901

INSTRUCTIONS FOR REPLICATION OF AN APPROVED PROFESSIONAL DEVELOPMENT CLUSTER

An eligible school district, charter school, institution of higher education, or Delaware educationally related organization may apply to replicate an approved professional development cluster. Procedures for replication of an approved cluster are as follows:

1. Complete the attached application form.
2. Submit the completed application form, along with the requested information on modifications, if any, and a schedule of activities, to the original provider of the approved cluster for approval.
3. Upon approval and a live signature by the original approved provider, submit the completed form to Mr. Charlie Michels who will forward it to the Professional Development and Associated Compensation Committee, which will review the application.
4. Application for replication will be forwarded by the PDAC Committee to the Professional Standards Board for formal approval.
5. Upon approval by the Standards Board, applications will be forwarded to the State Board of Education for action.
6. After action by the Standards Board, the State Board and the OMB, the applicant will receive written authorization to replicate the approved professional development cluster.

NOTE: *As of June 30, 2007, the OMB will be appropriating funds three times a year for professional development clusters; **April 1, August 1, and December 1.** Cluster providers are encouraged to note these dates and the timelines in the months prior in order to be able to deliver their cluster at their intended time.*

Please **mail** completed application, once approved by the developer of the cluster, to
Mr. Charlie Michels, Executive Director
Delaware Professional Standards Board
The Townsend Building
401 Federal St.
Dover, DE 19901

Questions regarding replication of an approved cluster may be directed to Mr. Michels at 302-735-4016 or cmichels@doe.k12.de.us.

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**APPLICATION FOR REPLICATION OF AN APPROVED
PROFESSIONAL DEVELOPMENT CLUSTER**

Submit completed application to the developer of the approved cluster. Once approval from the developer has been secured, forward the application to the Professional Standards Board, Mr. Charlie Michels, Executive Director.

Title of Cluster: _____

Replicating Agency: _____

Contact Person: _____ **e-mail:** _____

Audience: _____

Maximum Number of times the cluster will be offered each year: _____

Maximum number of participants in each cluster section/cohort: _____

Credentials of agency facilitator(s): _____

Documentation of Required Training (if applicable): _____

Please attach a description of any modifications you plan to make in the approved cluster and a schedule of activities.

>>> To be completed by developer of the approved cluster <<<

I have reviewed the application for replication of the cluster and approve its replication by _____

Original Provider's Signature

Date

e-mail: _____