Certification pathway program application form (for professional learning providers)

Name of provider	
Provider contact details	
Name		**Title**	
Email		**Phone**	
Title of program	
Brief description of program including learning intentions (Please attach a program outline)	
Program commencement	
Program duration	

Principles

Standards-based	
Identify the career stage being nominated for this program (Highly Accomplished and/or Lead)	
List the specific APST Highly Accomplished or Lead descriptors that will be successfully demonstrated and met through completion of the program	
Student-improvement focussed	
Outline how participants will apply program learnings to demonstrate measurable impact on student learning, engagement or wellbeing	
Development driven	
Describe how the program: • directly supports a participant's pedagogical practice through active learning and reflection • involves participants applying and modelling teaching and learning practices for sustained improvement • involves participants collaborating and reflecting with colleagues • provides opportunities for peer feedback	
Credible	
Provide details of program duration (must be minimum six months) and how continuous and coherent learning over an extended period that	

is embedded in everyday practice is evident in the program	
Evidence-based	
Describe how the program is evidence-based including evidence-informed teaching practices, identified as responsive to student need. Complete Attachment 1 evidence table with a list of tangible evidence, aligned APST and a brief description that will be collected by all participating teachers	
Streamlined	
• Confirm that a certificate will be provided to participants at the conclusion of the program to verify successful completion of all endorsed program components and identified descriptors stated above.	

List any application attachments and a brief description:

Attachment 1 – Evidence table

Evidence Item	APST	Description