



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF EDUCATOR QUALITY – EDUCATOR PREPARATION

**COVER PAGE, Transition from MoSTEP to MoSPE**

Please submit a Cover Page for each certification area listed on your Transition Template.

**Educator Preparation Program:**  
**Educator Preparation Code:**  
**Anticipated Implementation Date:**

**Submission Date:**  
**Certification Area:**  
**Grade Level:**

Requested Action:

- Continue as Approved
- Revise to Match MoSPE and New Certification Requirements
- Add & Request Approval for a New Certification Program
- Drop Certification Program (Complete additional information below)

Are there students currently enrolled in the program?

If yes, when is the end date and what are your plans for “teaching them out?”

Delivery Site(s):

Cooperative Partner(s):

**Signatures**

Chief Academic Officer:

Date:

Dean/Unit Leader:

Date:

Division/Program Chair:

Date:

For Office of Educator Quality use only	
Certification Supervisor Approval	Educator Preparation Approval
Name:	Name:
Date:	Date:
Comments:	Comments:

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