

Work experience equivalent competency:

Complete the following section in as much detail as possible. The candidate is responsible for documenting that the work experience indicated below has developed his or her competency as specified in the relevant NELP or ISTE standards. For each replaced course, attach a detailed written description of the work experience, including the time and location. Provide a thorough narrative of the specific NELP (or ISTE) competencies that are demonstrated as part of this experience. Artifacts that support the narrative may be attached.

Number and title of OU course to be replaced	Brief (one sentence) summary of experience	NELP standard

The plan of study is approved. The candidate will be eligible for university endorsement of a regular administrative certificate if all the requirements are satisfactorily completed within three years of the date indicated below.

SIGNATURES:

(Certification Candidate)

(Program Area Representative)

(Stacy Reeder, Dean and Director of Teacher Education)

Date approved: _____

PART 2: COMPLETED PLAN OF STUDY

Course number	Course title	Equivalent course number and title (if taken at a different university) *	University (if completed)	NELP Standard
EACS 5233	Organization of Education			1
EACS 5543	School Level Instructional Leadership			2, 3, 4, 7
EACS 5243	Education and the Law			2, 4, 6
EACS 5333	Politics in Educational Admin.			1, 5, 6
EACS 5693	Technology in Educational Admin.			ISTE
EACS 5573	Supervision of Instruction			2, 3, 4, 7
EACS 5343	Financial Leadership			3, 4, 6, 7
EACS 5920	Principal Internship			8
EACS 5403	Inquiry for Performance Improvement			1, 5, 7

* If equivalent work experience was approved (as indicated in part 1 of this form), type 'approved work experience' in the 'Equivalent course number and title' field. Leave the 'University' and 'Semester' fields blank.

The appropriate plan of study has been appropriately completed. The candidate has earned the endorsement of the University of Oklahoma for regular administrative certification in the state of Oklahoma.

SIGNATURES:

(Certification Candidate)

(Program Area Representative)

(Gregg Garn, Dean and Director of Teacher Education)

Date completed: _____