**1.** **NAME OF SCHOOL:**

**ADDRESS:**

**Street**

**City**

**State**

**Zip**

**Phone**

**2.** **HEALTHCARE SCIENCE EDUCATION (HSE) INSTRUCTOR(S)**

***List name and educational Initials you want on the plaque:***

**3**. **HSE INSTRUCTOR(S) E-MAIL ADDRESS(es):**

1. **NAME USED FOR THE HEALTHCARE SCIENCE EDUCATION PROGRAM(S) BEING CERTIFIED (Program Name (Healthcare Science or Health Science):**
2. **Pathways and Courses being taught, such as Allied Health & Medicine, Patient Care Fundamentals, Sports Medicine, etc. as approved by Ga DOE courses.**  ***List teacher name beside courses under Pathway.***

**6.** **Number of students annually in HSE programs including gender and ethnicity:**

**Total # students:**

**Gender # students:**

**Male:**

**Female:**

**Ethnicity:** (such as Caucasian \_\_\_, **India \_\_\_, Asian \_\_\_, Latino \_\_\_, African American \_\_\_)**

**7**. **SELF-EVALUATION TEAM /before application RECOMMENDATION:**

The Teacher(s) invite This in-house or other teachers and administrators Team to come in to review from your website with your checkoff forms provided by you, in February before the scheduled On-Site / Final Evaluation and before this Application is completed.

This team can be in-house teachers, other HSE teachers, administrators, or local advisory committee members. The teacher coordinates this review – printing forms if in-house or sending via email if via your website off campus. Please explain the process to team members, securing date(s) and times as team members available, but completed by one month before the set On-Site/Final Evaluation. It can be an informal review with team member using your website and the check off forms you have provided them provided to them to review.

**This Team assists the teacher(s) by fully reviewing that all documentation is found and may provide recommendations. Teachers will ask this group to give them critical review for improvement and to ensure successful completion and “ready” for the On-Site / Final Evaluation healthcare team members.**

**This “Self-Evaluation” team signs off that they agree that the Program is ready for an On-Site/ Final Evaluation Team Visit with one of the team members signing for the group.** They will only review the website documentation set up by the teacher(s) of the Program Operational Standards and the Courses taught by the / each teacher.

For this review for you, there are No Administrator, Counselor or Student interviews as listed on the Final Evaluation Agenda for the On-Site / Final Evaluation.

You will ask One of the team members to be the “team leader” and represent the team to sign this application saying that you are ready for an On-Site/ Final Evaluation.

***Statement agreed by this Team: “The Self-Evaluation Team has evaluated the Healthcare Science Education Program(s) based on the state approved evaluation forms. It is our opinion that this program meets the guidelines for industry certification. We recommend an evaluation by the On-Site /Final Healthcare Evaluation Team as identified and secured by the Healthcare Science teacher(s) and listed on this application form.” (e-signature approved)***

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**Signature of identified Evaluation Team Leader (Electronic signature is accepted)** Date

**Type in who is signing application – Name and title, Email address, and Phone**

**List Members of the Self-Evaluation team:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Agency Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Agency Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Agency Title

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Name Agency Title

8. **ON-SITE / FINAL EVALUATION DATE SET:** (Working with Sharon Norman, Coordinator of the statewide Georgia Healthcare Science Education Industry Certification, **identify and secure a date (1 day),** secured usually in Fall before On-Site / Final Evaluation and list below. If not on-site evaluation, then teacher(s) will coordinate process with Sharon Norman.

(e-mail: [sharon.norman101@outlook.com](mailto:sharon.norman101@outlook.com), cell: 404-983-2542)

**Date scheduled for On-Site / Final Evaluation Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

9. **Secured ON-SITE / FINAL EVALUATION TEAM MEMBERS:**

List at least six local health care professionals (one from the local technical college or university/college, if available).

Each team member should work in healthcare field representing the Pathway(s) you teach. It is the Healthcare Science teacher's responsibility to contact these persons before making application, explain the process, and ask them to serve on the team. Determine their willingness to serve and secure them for the date and times of the On-Site / Final Evaluation. Ask them to secure a back-up representative in case of an emergency. The teacher will send a confirmation letter via email, sharing the agenda and the process, and will remind them before the evaluation date. This process may be in the school or via online review from the website and the check off forms sent via email.

**Please provide the following information for each team member invited to review your On-Site/ Final Evaluation.**

\***HSE IC Evaluation. Please list below each assignment this information for the 6 plus local healthcare evaluators you have secured and assigned:**

**Name:**

**Educational Initials (RN, MSN; MD; doctorate level initials)**

**Title:**

**Healthcare Agency:**

**Address:**

**Phone:**

**Email Address:**

***Program Operational Standards (POS) team:***

**POS Sections** **1, 2, 5, & 6 (one person needed):**

**Evaluator 1.**

**POS Sections** **3 & 4** **(one person needed for one teacher, 2 people for 2 teachers to review Facilities and Equipment & Supplies). If online, the teacher will provide pictures and guide the evaluator through the Inventory sent via email.**

**Evaluator 2.**

***Program Curriculum Standards /Course Review Team* (reviews two courses per team member; if provide more than 4 courses, add team member(s).**

**Evaluator 3.** **(Introduction & Essentials):**

**Evaluator 4.** **(3rd Course for Pathway. Usually reviews 1-3 courses. A 2nd Course evaluator may needed for other Courses):**

***Interviews:***

**Administrator Interviewer: One of the leadership team members, if in school. If online only, the questionnaire will be e-mailed and returned by the Final Evaluation Date.**

**Student Interviewer (one person needed): If in school, the agenda will be followed. If online only, then the interviewer will use the list of the five (5) students selected and call the students individually to ask the questions. The questionnaire will be sent to the Interviewer. The questionnaire will be completed and returned via email by the Final Evaluation Date.**

**Evaluator 5**.

**Counselor Interviewer (one person needed) if in school. If online only, the questionnaire will be e-mailed and returned by the Final Evaluation Date.**

**Evaluator 6.**

These Local Healthcare Professionals serve on the Evaluation Team. They are chosen by the teacher(s) and include healthcare representatives from the Pathways/Courses you teach, such as Hospitals, Nursing Homes, EMTs, Labs, Biotechnology, Health Informatics, Allied Health areas, and Technical College, or College Healthcare Education Representatives. The courses taught at the school determine the local healthcare expertise representation.

10. School staff information significant to HSE Industry Certification process:

**School Principal:**

**Name:**

**Educational Initials (Ed.D, PhD, EdS)**

**Title:**

**Phone:**

**Email Address:**

**Career, Technical & Agricultural Education (CTAE) Director:**

**Name:**

**Educational Initials (Ed.D, PhD, EdS)**

**Title:**

**Phone:**

**Email Address:**

**Career, Technical & Agricultural Education (CTAE) Supervisor (within school)/Dept. Head:**

**Name:**

**Educational Initials (Ed.D, PhD, EdS)**

**Title:**

**Phone:**

**Email Address:**

**School Counselor(s). Please underline who will be interviewed.**

**Name:**

**Educational Initials (MEd, EdS, Ed.D, PhD)**

**Title and grades work with in school:**

**Phone:**

**Email Address:**

11. **Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type in who is signing application – Name and title, such as Principal or**

**CTAE Director or CTAE Supervisor:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**(Electronic signature is acceptable)**

**12. Directions -- Complete form, ensure signatures, and e-mail this Application in Word document to** [**sharon.norman101@outlook.com**](mailto:sharon.norman101@outlook.com)

**Sharon Norman, RN, MEd, EdS**

**Coordinator of the statewide Georgia Healthcare Science Education Program Industry Certification Process**

**Contact info: E-mail best communication method –** [**sharon.norman101@outlook.com**](mailto:sharon.norman101@outlook.com)**; or via text: 404-983-2542 *Please identify yourself and school.***