Welcome to the Massachusetts PD Provider registration form for IHEs. Please complete each section of the form and check off the assurance statement at the end to complete your registration. While completing this form, you will be prompted to check off the content areas for which you provide PD. You will also be prompted to enter specific program contact information for each content area. However, this is optional. ESE will post the name and program information of registered IHEs on the professional development website.

**Applicant Information**

1. University/College
   
2. Name of contact person
   
3. Title
   
4. Please give us your contact information.
   
   Street Address
   
   City
   
   State
   
   Zipcode
   
   Email Address
   
   Phone Number
   
   Fax Number
5. Please select the content areas for which you provide PD. Check all that apply. You will be prompted to provide program information for each content area that you check off.

- Arts
- Career/Vocational Technical Education
- College and Career Readiness
- Comprehensive health
- Curriculum and Instruction - general
- Data and Assessment
- English Language Arts/Literacy
- English Language Learners
- Foreign Languages
- History/Social Science
- Instructional Technology/Digital Literacy
- Leadership/Administration
- Mathematics
- Safe and Supportive Learning Environments
- Science and Technology/Engineering
- Special Education
- Supervising Practitioner
Once you have selected a content area, you will be asked to fill in additional information for up to three PD programs in each content area you identified.

Example:

<table>
<thead>
<tr>
<th>Arts</th>
<th>PD Program Name</th>
<th>Contact</th>
<th>Other Contact: First Name</th>
<th>Contact Last Name</th>
<th>Contact Email</th>
<th>Contact Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD 1</td>
<td></td>
<td>•</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PD 2</td>
<td></td>
<td>•</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PD 3</td>
<td></td>
<td>•</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At the completion of the registration form, please read and agree with the PD assurance statement.

Assurance Statement

In checking the box below, I agree to bring our professional development programs and initiatives into closer alignment with the Massachusetts Standards for Professional Development.

☐ I agree