



Georgia Professional Standards

Commission

**Intent to Offer
Endorsement Program**

Professional Education Unit (LEA or RESA): _____

Program Name: _____

Program Coordinator Name and Title: _____

Program Coordinator Address: _____

Telephone: _____ Email: _____

Participating Professional Education Units:

Provider Name	Contact Person	Telephone	Email

Estimated Number of Teacher Candidates: _____ Anticipated Start Date: _____

Program Information: Developmental _____ Adopting _____

Endorsement Name	PSC-Approved Professional Education Unit (if adopting)	Date of Original PSC Program Approval

Anticipated date of complete proposal submission: _____

**Date Preferences for one-day Onsite Review: Please specify three choices of month and day(s)*

1. _____ 2. _____ 3. _____

**One-day Onsite Review will take place 3-5 months after PSC receipt of completed application proposal.*

Submitted by:

Unit Head

Date