



Georgia Professional Standards Commission
LEA or RESA Intent to Seek Developmental Approval
Educator Preparation Program(s)
(Due six months before preparation program to be offered)

Professional Education Unit (LEA or RESA Name):

Date PSC granted approval for the professional education unit:

In the table below, describe the program(s) for which you seek approval.

Program Name	PSC Certification Rule #	Post- Bac (non-degree) Program Leading to Certification	Endorsement Program	Estimated Number of Teacher Candidates	Desired Start Date

Add additional rows to the table if necessary.

Program Coordinator(s):

Name & Title: _____

Telephone: _____ Email: _____

Name & Title: _____

Telephone: _____ Email: _____

Cooperating Professional Education Units:

Provider Name	Contact Person	Telephone	Email

Submitted by:

Professional Education Unit Head

Date

Complete and fax to: PSC Program Approval at 404-232-2760