



**Georgia Professional Standards Commission  
NOTICE OF INTENT TO SEEK CONTINUING APPROVAL**

**For PSC-approved Professional Education Units**

*USE THIS FORM TO NOTIFY THE PSC OF YOUR REQUEST FOR CONTINUING APPROVAL OF THE  
PROFESSIONAL EDUCATION UNIT AND PREPARATION PROGRAM(S).*

**Institution or Agency Name:**

Name of the Professional Education Unit:

**Name and Title of the Professional Education Unit head:**

Phone:

Fax:

E-mail:

**Academic year & semester you are scheduled for on-site visit:**

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

Program Name	PSC Certification Rule #	Initial Educator Preparation			
		Bac. Degree Program Leading to Certification	Post- Bac (non-degree) Program Leading to Certification	Master's Degree Program Leading to Certification	Specialist Degree Program Leading to Certification

Add additional rows to the table if necessary.

**Name & Title of On-Site Campus Coordinator:**

Phone:

Fax:

E-mail:

**Both signatures requested below are required to begin the PSC Approval process.**

Chief Executive Officer of the Institution

Date

E-Mail

Head of the Professional Education Unit

Date

E-Mail

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