# GaPSC_Logo_V

# Georgia Professional Standards Commission

# NOTICE OF INTENT TO SEEK APPROVAL

**For GaPSC-approved Educator Preparation Providers**

*Use this form to notify the GaPSC of your request for a review of the*

*Educator preparation provider And/or preparation program(s).*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Institution/ Agency/ LEA Name:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Educator Preparation Provider (EPP) Name:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **City:** | | |  | | | | | **State:** | | | | | | |  | | | | | **Zip Code** | | | | | | |  | |
| **Phone:** | | | |  | | | | | | | | **Fax:** | | | | |  | | | | | | | | | | | |  | | | |
| **Website:** | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | |
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| **EPP Head** | | | |  | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |
| **Name:** | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | |
| **Email:** | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | |
| **Signature** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Review Coordinator** | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |
| **Name:** | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | |
| **Email:** | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | |
| **Signature** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NCATE/ CAEP Accredited** | | | | | | | | | | **Yes** | | | | | | **No** | | | | |  | | | | | |  | | |  | | | |
|  | **Type of Review:** | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | | | |
|  | Developmental Review of EPP and Program**s** | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | | | |
|  | Developmental Review (To Add Programs between Scheduled Reviews) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | First Continuing Review | | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | |  | | | |
|  | Continuing Review | | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | |  | | | |
|  | Focused Review | | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | |  | | | |
|  | Probationary Review | | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | |  | | | |
| Academic year & semester, you are scheduled for a Continuing Review | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| If this a Developmental Review (To Add Programs Between Scheduled Continuing Reviews), the dates will be decided based on the discretion of the GaPSC staff and there is no need to complete the following table. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please indicate below the dates preferred for your scheduled EPP’s Site Visitor Review. Please check your academic calendar to make sure dates do not conflict with vacations, fall/spring breaks, etc. **Please schedule a Sunday through Tuesday block of time for this review. Flexibility of dates and times may be necessary. Please understand while we will attempt to honor your first preference, review logistics may determine otherwise.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Fall Visits –Please Choose Dates Between September 10 and November 30*  *Spring Visits – Please Choose Dates Between January 15 and April 30* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **Dates** | | | | | | | | | | | | | | | | | **Year** | | | | | | | | | | | | |
| **1st Choice** | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **2nd Choice** | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **3rd Choice** | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **In the table below, describe the program(s) for which you are seeking GaPSC approval. If the program in nationally recognized/accredited, identify the Specialized Program Accreditation (SPA) or accrediting body. (For Traditional Programs Only)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Program Name** | | | | | **SPA or Accrediting Body** | | | **GaPSC Educator Prep Rule #** | | | | | | **Initial Preparation Programs Leading to Certification** | | | | | | | | | | | | | | | | | | | |
| **Bac. Degree Program (Indicate B.S. or B.A)** | | | | | | | | **Post – Bac Certification Only Program (non-degree)** | | | | **Master’s Degree Program (Indicate M.A.T. or MEd)** | | | | | | **Doctoral Degree Program** | |
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Add additional rows to the table as needed.

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| Your signature verifies   * that the EPP has the resources to deliver the preparation programs, as well as the support for and commitment to the sustainability of the programs; * that the educator preparation provider will be willing and able to respond to reviewers as a result of requests for additional information, as well as provide the opportunity for interviews; * that, if this is a Developmental Review (To Add Programs Between Scheduled Continuing Reviews), approvals have been provided by USG or other appropriate entities (university councils, Professional Learning, etc); and * that, if this is a Developmental Review (To Add Programs Between Scheduled Continuing Reviews), all standards were met at the most recent EPP review or were remedied by Commission decisions. |
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| Chief Executive Officer of the Institution/ Agency Date Email |
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| **Complete and send via email to your assigned GaPSC Education Specialist.** |