



**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:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**EPP Head**

**Type or Print Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Review Coordinator**

**Type or Print Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**NCATE/CAEP accredited** \_\_\_ YES \_\_\_ NO

**Type of Review:**

- Developmental Review of EPP and Programs
- Developmental Review (To Add Programs between Scheduled Reviews)
- First Continuing Review (with/without CAEP involvement)
- Continuing Review
- Focused Review
- Probationary Review

Academic year & semester the EPP is scheduled for a Continuing Review: \_\_\_\_\_

*If this is a Developmental Review (To Add Programs Between Scheduled Continuing Reviews) or a First Continuing Review (three to four years after the developmental review of programs), the dates will be decided based on the discretion of the GaPSC staff and there is no need to complete the following table.*

Please indicate below the dates preferred for your scheduled educator preparation provider's Site Visit Review. Please check your academic calendar to make sure the dates do not conflict with vacations, fall/spring breaks, etc. **Please schedule a Sunday through Tuesday block of time for this review process. Flexibility of dates and times may be necessary. Please understand while we will attempt to honor your first preference, review logistics may determine otherwise.**

*FALL VISITS-PLEASE CHOOSE DATES BETWEEN SEPTEMBER 10 AND NOVEMBER 15  
 SPRING VISITS- PLEASE CHOOSE DATES BETWEEN JANUARY 15 AND APRIL 30*

	Dates	Year
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

**In the table below, describe the program(s) for which the EPP is seeking GaPSC approval. If the program is nationally recognized/accredited, identify the Specialized Professional Association (SPA) or accrediting body. (For traditional programs only)**

Program Name	SPA or Accrediting Body	GaPSC Educator Prep Rule #	Initial Educator Preparation Programs				
			Bac. Degree Program Leading to Certification (Indicate B.S. or B.A.)	Post- Bac/ Certification -only (non-degree) Program Leading to Certification	Master's Degree Program Leading to Certification (Indicate M.A.T. or M.Ed.)	Specialist Degree Program Leading to Certification	Doctoral Degree Program Leading to Certification

Add additional rows to the table if necessary.

Your signature verifies

- that the educator preparation provider has the resources to deliver the preparation programs, as well as the support for and commitment to the sustainability of the programs and
- 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.

\_\_\_\_\_  
 Chief Executive Officer of the Institution/Agency                      Date                      E-Mail  
**Complete and send via email to your assigned GaPSC Education Specialist.**