Insert School Letterhead

Street Address

City, TN ZIP

Phone:

Fax:

**OCCUPATIONAL LICENSURE**

**INTENT TO HIRE**

**Applicant’s Name**:

**Applicant’s School E-mail or e-mail frequently checked other than ETSU:**

**Proposed Date of Hire**:

**School Assigned to**:

**Grade level**:

**Subject/licensure field**:

**Specific Endorsement Sought (by type**):

**Qualified Mentor Assigned to Applicant**:

**Mentor’s Educator License Number:**

I request that East Tennessee State University recommend this candidate for a Practitioner Occupational License. This applicant meets the requirements for a Practitioner License.

Completed by:

Date:

Please scan and send this completed intent to hire to Dr. Karin Keith (keithkj@etsu.edu) and the teacher licensure office at TEACHERLICENSURE@mail.etsu.edu. This intent to hire must have a verifiable signature or be sent as an attachment to an e-mail directly from the hiring authority or his/her designee.