



HAWAI'I TEACHER
STANDARDS BOARD

**Letter of Intent to Develop Hawaii State Approved Education
Preparation Provider**

1. CONTACT AND CONTEXT INFORMATION

EPP name and address

Name	
Address	
URL	

EPP administrator

Name	
Title	
Email address	
Telephone number	
National Accreditation Body and Dates of Accreditation (If Applicable)	

SATEP Administrator, if different from EPP Administrator

Name	
Title	
Email address	
Telephone number	

Name of new program or field(s) to be included

Name of Program	License Field(s)	License Level(s)	Projected Implementation Date

Ex. Master's of Education STEM 6-12, 6-8 7/1/2018

2. PROGRAM ORGANIZATION AND JUSTIFICATION

If this is a new program, attach an organizational chart of your institution/agency and, if applicable, college/school/department showing the placement of this program.

Justification for implementing the program. Summarize the current market for this program's completer employment outlook and any other contexts that shape the program.

3. SIGNATURES

Administrators	Enter Title and Typed Name	Signature	Date
EPP Head			
Program Head			
Program Contact			