



**School Counseling Endorsement  
Practitioner School Service Personnel License Job-Embedded Path**

The College of Education at Middle Tennessee State University received a request to enroll and recommended a teacher candidate from your school district for a School Counselor endorsement Practitioner School Service Personnel License Job-Embedded path. This process requires an assurance that a certified teacher with the appropriate endorsement mentors the candidate. Please complete the attached Assurance Agreement and return it to the MTSU College of Education, Office of Professional Laboratory Experiences and Teacher Licensure. The address / email is on the Assurance Agreement.

**State Board Policy: Educator Licensure Policy 5.502**

(5) School Services Personnel

(d) School Counselor

3. Candidates who have completed all required coursework but have yet to complete the required clinical experience as part of an approved Tennessee educator preparation program in school counseling may be issued a Practitioner License provided that the following conditions are met:

- (i) The candidate receives appropriate supervision by the preparation program during the clinical experience; and
- (ii) The LEA certifies through a written agreement with the counselor preparation program that the candidate will receive direct supervision by a licensed school counselor having a minimum of two (2) years of experience as a school counselor for a minimum of one (1) hour per week and provide the opportunity to meet the grade level requirements necessary to certification.

**SCHOOL COUNSELING ENDORSEMENT**

**ASSURANCE AGREEMENT**

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

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

**SCHOOL DISTRICT:** \_\_\_\_\_

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

**COUNSELOR LICENSE NUMBER:** \_\_\_\_\_

**ACTIVE LICENSE ENDORSEMENT (if applicable):** \_\_\_\_\_

**SCHOOL COUNSELING ENDORSMENT:** \_\_\_\_\_

**SCHOOL ASSIGNMENT:** \_\_\_\_\_

**MENTOR SCHOOL COUNSELOR:** \_\_\_\_\_

**MENTOR COUNSELOR ENDORSEMENT:** \_\_\_\_\_

**MENTOR COUNSELOR LICENSE NUMBER:** \_\_\_\_\_

Please complete the information above stating the name and credentials of the mentor school counselor and sign below.

\_\_\_\_\_  
District Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
MTSU College of Education Dean/Director

\_\_\_\_\_  
Date

**Please return signed agreement to:**

**Mail:**  
Office of Professional Laboratory Experience / Teacher Licensure  
MTSU Box 14  
Murfreesboro, TN 37132

**Email:** [patti.agnew@mtsu.edu](mailto:patti.agnew@mtsu.edu)