



**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 of Education Rule: Chapter 0520-02-03 Educator Licensure**

0520-02-03-.05 Requirements for School Services Personnel Licenses

(d) School Counselor

(6)(a) Candidates seeking a practitioner school services personnel licensure and endorsement as a school counselor shall meet the requirements of one (1) of the following pathways:

2. Pathway 2. The Candidate:

- (i) holds a bachelor's degree or higher from a regionally-accredited college or university;
- (ii) Is enrolled in a State Board-approved educator preparation program in school counseling with a job-embedded clinical practice;
- (iii) Has completed all coursework required for the educator preparation program;
- (iv) Is recommended by the approved educator preparation provider; and
- (v) Submits qualifying scores on all required assessments as defined by the Professional Assessments for Educators Policy.

**SCHOOL COUNSELING ENDORSEMENT**

**ASSURANCE AGREEMENT**

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

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

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

**JOB-EMBEDDED COUNSELOR'S NAME:** \_\_\_\_\_

**JOB-EMBEDDED COUNSELOR'S  
LICENSE NUMBER:** \_\_\_\_\_

**JOB-EMBEDDED COUNSELOR'S  
ACTIVE LICENSE ENDORSEMENT (if applicable):** \_\_\_\_\_

**JOB-EMBEDDED COUNSELOR'S  
SCHOOL COUNSELING ENDORSMENT:** \_\_\_\_\_

**JOB-EMBEDDED COUNSELOR'S  
SCHOOL ASSIGNMENT:** \_\_\_\_\_

**MENTOR SCHOOL COUNSELOR'S NAME:** \_\_\_\_\_

**MENTOR COUNSELOR'S ENDORSEMENT:** \_\_\_\_\_

**MENTOR COUNSELOR'S 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 (can be mailed or emailed):**

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

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