

Educator Preparation Provider/Local Education Agency State Recognized Partnership Agreement

| Educator | | |
|---|------------------------|---|
| Preparation | Trevecca Nazarene Univ | ersity |
| Provider (EPP) | | - |
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| | | |
| Local Education | | |
| Agency (<u>LEA</u>) | | |
| | | |
| Academic Year of | | |
| Agreement | 2024-2025 | |
| EPP | | |
| Contact/Designee | | |
| Name: Dr. Amy Taylor Conditt | | Title: Director, Accreditation and Assessment |
| Email: aconditt@trevecca.edu | | Phone Number: 615-248-1201 |
| LEA Contact/Designee | | |
| | | |
| Name: | | Title: |
| | | |
| Email: | | Phone Number: |
| Certification (signatures verify partnership) | | |
| | | |
| EPP Head Dr. Suzann Harris Administrator | | Title: Dean, School of Education |
| Dr. Suzann nams Auministrator | | |
| Signature: | | Date: September 25, 2024 |
| LEA Head | | Title D. L. of Schools |
| Administrator: Dr. Tammy Garrett | | Title: Director of Schools |
| Signature January Savult | | Date: 9 26/24 |