



Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 12th Floor - Nashville, TN 37243

The information on this page must accompany any request for licensure transactions in the State of Tennessee. Please complete using black ink. Required items are identified with an asterisk (*). The personal affirmation section must be completed.

SECTION 1. CONTACT AND DEMOGRAPHIC INFORMATION

This section must be completed. Please be certain to provide accurate information.

Form with fields for First Name, Middle Name, Last Name, Date of Birth, Street/P.O. Box, City, State, Zip Code, Primary Telephone Number, Secondary Telephone Number, Social Security Number, Primary Email Address, Secondary Email Address, and Gender.

The following information is collected for the purposes of federal reporting requirements. Please provide responses for both ethnicity and race.

- 1. Ethnicity – Choose one
2. Race – Mark all that apply
3. Gender

SECTION 2. PERSONAL AFFIRMATION*

This section must be completed. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate response for each question. Do not include matters that the State Board of Education has previously investigated and found "No Probable Cause" to take any disciplinary action.

- 1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or granting pre-trial diversion?
2. Have you ever been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion?
3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license. (Allowing a license to expire does not apply.)
4. Is there any action pending against your certification/license or application in another state?

- If you have answered "Yes" to question 1 or 2, please attach details of conviction, include date and location of conviction, and court certified copies of the judgment, conviction, and sentencing.
If you have answered "Yes" to question 3 or 4, please attach details naming the state and/or issuing authority and explain the circumstances.

SECTION 3. SIGNATURE AND DATE

This section must be completed.

Applicant Signature Date

SECTION 4. LICENSURE TRANSACTION REQUESTED

Please indicate the type(s) of licensure transaction(s) being requested. Mark all that apply.

Initial Licensure Licensure Advancement Licensure Renewal Reactivating an Inactive License Waiver or Permit Additional Endorsement JROTC International Teacher Exchange License Other:

APPLICATION FOR REACTIVATION OR RENEWAL OF A PROFESSIONAL OR PROFESSIONAL SCHOOL SERVICE PERSONNEL LICENSE

Submit applications to:

Office of Educator Licensing, Department of Education, 710 James Robertson Parkway, 12th Floor Andrew Johnson Tower, Nashville, TN 37243

Please note: ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSING BECOME THE PROPERTY OF THE TENNESSEE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPROPRIATE ENTITY.

APPLICANT NAME _____ LICENSE NUMBER _____

Educators who have an expired Apprentice or Professional License will be required to apply to reactivate their license. Educators who hold an active Apprentice or Professional License may apply to renew/convert their license beginning Sept. 1 of the year prior to the expiration date of the license. All licenses are processed under the new policy, effective Sept. 1, 2015.

Option 1: Reactivation of an INACTIVE Professional License or Professional School Service Personnel

This option is for educators holding an inactive Professional or Professional School Service Personnel License. If requirements are met, educators holding a Professional or Professional School Service Personnel License (10 year validity period) will be issued the new Professional License (6 year validity period).

Submit qualifying scores (not more than 5 years old) on all state-required content and literacy assessments to the Office of Educator Licensing. Qualifying scores must be submitted for any endorsements educators wish to have reactivated.

Please select the most applicable statement:

- Scores have been sent from ETS to the TN Department of Education (SSN must be provided to ETS).
- Qualifying scores that are less than 5 years old are on file with the Office of Educator Licensing.
- A Designated Institution Score Report has been submitted by my educator preparation provider.
- There are no required content assessments for my endorsement area (e.g. Social Worker or Dance).
- I have either not taken or have taken and not passed required content assessments.

Option 2: Renewal of an ACTIVE Professional or Professional School Service Personnel License

This option is for educators holding an active Professional or Professional School Service Personnel License and requires documentation of 60 Professional Development Points

Educators who hold an active Professional or Professional School Service Personnel License may apply to renew this license. If requirements are met, educators will be issued the new Professional License (6 year validity period).

Submit PDP computation sheet documenting 60 Professional Development Points accrued during the validity period of the active license. If not currently employed by a TN public school district, documentation supporting each activity listed on the computation sheet must also be included.

- PDP Computation sheet attached demonstrating evidence of 60 Professional Development Points accrued during the validity period of the active license

Professional Development Point Computation Form

First Name	Middle Name	Last Name
Social Security Number	Primary Email Address	Phone Number

Educators earn professional development points (PDPs) to advance (a total of 30) or renew (a total of 60) a license.
The following table provides information about how PDPs are earned.

Type of Activity	PDPs Awarded	Required Documentation
Training (Academy/Institute/Seminar/Conference)	1 clock hour = 1 PDP 1 continuing education unit = 5PDPs	Certificate of completion, Transcript OR Verification form signed by the Director of Schools (or designee)
College/University Coursework	1 semester hour credit = 10 PDPs	Transcript
Overall Evaluation Score from TN-approved evaluation model	Overall Score of 5 = 20 PDPs Overall Score of 4 = 15 PDPs Overall Score of 3 = 10 PDPs	This information is maintained by TDOE. Educators are not required to submit any documentation. PDPs based on overall evaluation scores may be accrued on an annual basis.
National Board Certification	30 PDPs	Official documentation from NBPTS

**All activities completed must be placed on the computation sheet. More than one sheet may be needed.
No attached lists and/or documents will be accepted in lieu of computation sheet.
Duplicate activities may not be listed more than once.**

Part 1: Identify Overall Evaluation Scores from TN-approved Evaluation Model		
** All scores must be in the state database. Scores will be verified by the department. No scores prior to the 2011-12 school year will be accepted. **		
School Year Accrued	Overall Score	Points accrued

For Office of Educator Licensing Staff Use Only. Educator Evaluation Score(s) Verified. Initial: _____ Date: _____

Part 2: Identify and Training, Coursework, or National Board Certifications			
If entering information in this section please complete part 3 or 4			
Type of Activity (Example: Academy, Conference, Institute, Seminar)	Name of Activity	Date(s) Attended (Must include the year)	Points accrued for the activity type

Page Total: _____ Grand Total: _____

Educator Name: _____

License Number: _____

Part 3: To be Completed by Applicant and Person Responsible for Local Evaluation

THIS PORTION IS TO BE COMPLETED IF THE APPLICANT IS **EMPLOYED** IN A TENNESSEE PUBLIC SCHOOL AT TIME OF APPLICATION

Applicant and Evaluator must initial ALL statements.

Applicant Initials	Evaluator Initials	
_____	_____	The activities listed were completed during the period I supervised the applicant (if applicable).
_____	_____	These activities were not part of the state funded in-service days and were not conducted during days/hours which the educator was already being paid by the local evaluation agency. (Exception: Activities completed on personal/professional days for TN public school educators.)
_____	_____	I attest that the listed activities relate to the needs of the educator as identified through the evaluation process.
_____	_____	I attest that none of the listed activities were submitted as part of the last renewal requirements.
_____	_____	I maintain a file which contains supporting documentation of the above activities.

Signature of Applicant	Date of Signature	
_____	_____	
Name of Tennessee school employed by at time of application		

Signature of Person Responsible for Evaluation	Date of Signature	
_____	_____	
Title and School System	Email Address	Phone Number
_____	_____	_____

Part 4: To be Completed by Applicant if not employed in a Tennessee Public School

THIS PORTION IS TO BE COMPLETED IF THE APPLICANT **IS NOT EMPLOYED** IN A TENNESSEE PUBLIC SCHOOL AT TIME OF APPLICATION

Applicant must initial appropriate statements (Must be done on all pages if multiple computation forms are needed.)

Applicant Initials	
_____	I am not currently employed in a Tennessee public school.
_____	I have attached supporting documentation for all activities listed above. (Documentation should be signed and include the name of the authorized official, contact information, date, and hours of participation). No more than two (2) pages per activity will be accepted.
_____	_____
Signature of Applicant	Date of Signature