

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF EDUCATOR LICENSING
710 JAMES ROBERTSON PARKWAY 12TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

PRINT CLEARLY - Please use Black Ink to ensure scanned application is legible - provide full name - include any aliases					
United States SSN - required	First Name	Middle Name	Last Name	Maiden Name/other last name aliases	
Date of Birth-required	Gender	Street/P.O. Box	City	State	Zip Code
Telephone Number - include area code	E-mail address - Must provide to receive notification of license issuance			Cell Phone Number/Alternate Phone Number	

INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY & RACE

1. Ethnicity - Choose one Hispanic or Latino _____ Not Hispanic or Latino _____

2. Race - Choose one or more American Indian or Alaska Native _____ Asian _____ Black or African American _____
 Native Hawaiian - Other Pacific Islander _____ White _____

PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED

Personal Affirmation: Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate block for each question.

1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion?
 _____ YES _____ NO

2. Have you 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?
 _____ YES _____ NO

3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license expire does not apply)?
 _____ YES _____ NO

4. Is there any action pending against your certificate/license or application in another state?
 _____ YES _____ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgment, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature _____ **Date** _____

TRANSACTION (S) REQUESTED. (Check and complete following page(s) if applicable)

CHOOSE TYPE OF INITIAL TENNESSEE LICENSE DESIRED

(THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NEVER HELD A TENNESSEE LICENSE OR DESIRING ADDITIONAL LICENSE TYPE)

_____ INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) circle one

_____ OUT OF STATE LICENSE (Program completers outside of TN / USA or applying based upon interstate agreement)

_____ NON-PUBLIC SCHOOL LICENSE (Employment verification required)

_____ TRANSITIONAL LICENSE (Requires signature from TN Director of Schools and verification from approved institution/agency)

_____ INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education/Certification Officer at teacher preparation institution)

_____ INTERIM "D" LICENSE (Internship) (Requires signature of Dean of Education at teacher preparation institution)

_____ OCCUPATIONAL EDUCATION LICENSE (Apprentice Occupational)

_____ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)

_____ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Director of Schools, nonrenewable)

_____ JROTC LICENSE (Requires signature from TN Director of Schools)

_____ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST

_____ NATIONAL BOARD CERTIFICATION

ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LEVEL LICENSE

ONLY APPLICABLE IF HELD A PREDECESSOR TENNESSEE LICENSE

_____ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel) circle one

_____ ADVANCEMENT FROM ALTERNATIVE "A" or ALTERNATIVE "C" OR ALTERNATIVE "E" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one

_____ ADVANCEMENT FROM INTERIM "B" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one

_____ ADVANCEMENT FROM INTERIM "D" TO APPRENTICE LEVEL

_____ ADVANCEMENT FROM ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one

_____ ADVANCEMENT FROM TRANSITIONAL (Interim B, Apprentice or Professional) circle one

_____ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE

_____ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)

_____ ADVANCEMENT TO PROFESSIONAL LEVEL ADMINISTRATOR LICENSE

RENEWAL OF OR AMENDMENT TO AN EXISTING LICENSE

ONLY APPLICABLE IF AMENDING AN EXISTING TENNESSEE LICENSE

_____ RENEWAL OF LICENSE (Check one)
 _____ 5 Year License (Apprentice/Apprentice Special Group/Out of State) _____ JROTC _____ 10 Year License (Professional/Professional Special Group)
 _____ Administrator License (Beginning/Professional) _____ 5 Year Apprentice Occupational License _____ 10 Year Professional Occupational License
 _____ Alternative A (Speech Lang. only) _____ Interim B _____ Interim D _____ Transitional _____ National Board Certification

_____ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
 _____ Masters Degree _____ Master's Degree +30 semester graduate hours _____ Education Specialist _____ Doctorate Degree

_____ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____

_____ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change) Social Security card n/a

_____ ADDRESS CHANGE NOTIFICATION

APPLICATION FOR INTERIM TYPE "B" LICENSE

APPLICANT NAME _____

SOCIAL SECURITY NUMBER _____

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE 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 APPLICANT

INITIAL ISSUANCE OF INTERIM TYPE "B" LICENSE			
OFFICIAL TRANSCRIPTS			
OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED			
_____ Official transcripts from all institutions are enclosed.		_____ All transcripts are on file in the Office of Educator Licensing	
TO BE COMPLETED BY DIRECTOR OF SCHOOLS			
_____ Attached verification from Dean of Education that approved program for endorsement area, including required practical experience, has been completed by the applicant and that only the required praxis test(s) remain to taken/passed.			
LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT			
ENDORSEMENT TITLE		ENDORSEMENT CODE	
_____		_____	
_____		_____	
_____		_____	
IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA:			
_____ PRE-K	_____ ELEMENTARY	_____ MIDDLE	_____ SECONDARY (If secondary, give the subject area _____)
	(K-6)	(4-8)	(7-12)
THE FOLLOWING DOCUMENTS ARE REQUIRED <u>ONLY</u> IF EDUCATOR IS MOVING FROM TRANSITIONAL TO INTERIM B LICENSE:			
_____ Verification of completion of Professional Education Core Competencies by University/Organization - Name _____			
_____ Official transcripts identifying any additional course work not previously submitted			
_____ Instate program completers - verification of minimum of one year successful teaching experience (local evaluation on file) include Experience Verification Form for required time			
_____ Out of State program completers - verification of minimum of two years successful teaching experience (local evaluation on file) include Experience Verification Form for required time			
I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant.			
School System	Signature of Director of Schools	Phone Number	Date

NOTE: OFFICIAL TRANSCRIPTS OR VERIFICATION FROM INSTITUTION DOES NOT NEED TO BE RESUBMITTED FOR RENEWAL.

RENEWAL OF INTERIM TYPE "B" LICENSE			
TO BE COMPLETED BY DIRECTOR OF SCHOOLS			
LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT			
ENDORSEMENT TITLE		ENDORSEMENT CODE	
_____		_____	
_____		_____	
_____		_____	
IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA:			
_____ PRE-K	_____ ELEMENTARY	_____ MIDDLE	_____ SECONDARY (If secondary, give the subject area _____)
	(K-6)	(4-8)	(7-12)
I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant.			
School System	Signature of Director of Schools	Phone Number	Date

ADVANCEMENT TO APPRENTICE LEVEL LICENSE			
_____ ADVANCE FROM INTERIM TYPE "B" TO FULL TEACHING LICENSE (Apprentice, Apprentice Special Group or Out of State)			
(Praxis scores must be submitted to advance)			
_____ Designated Institution Score Report submitted by college/university, or _____ directly from ETS.			