

# TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243-0377

## PRINT CLEARLY-Please provide full legal name

First Name	Middle Name	Last Name	Maiden Name - if applicable	United States SSN - required
Email Address		Telephone Number -include area code	Date of Birth - required	Sex
Street/P.O. Box		City	State	Zip Code

## INFORMATION NEEDED FOR FEDERAL REPORTING - MUST BE COMPLETED

**Ethnicity - Choose one**      Hispanic or Latino \_\_\_\_\_      Not Hispanic or Latino \_\_\_\_\_  
**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. DO NOT include matters that the State Board of Education has already 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 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 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 to 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 judgement, 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 ALL THAT APPLY AND COMPLETE FOLLOWING PAGE FOR ITEM CHECKED)

### TYPE OF TENNESSEE LICENSE

- \_\_\_\_\_ INITIAL TEACHING LICENSE-TN Institutions Only (Apprentice Teacher, Apprentice Special Group, Beginning Administrator, or Instructional Leader) Circle one.
- \_\_\_\_\_ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA or applying based upon reciprocity)
- \_\_\_\_\_ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- \_\_\_\_\_ TRANSITIONAL LICENSE (Requires signature from 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 (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
- \_\_\_\_\_ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST
- \_\_\_\_\_ NATIONAL BOARD CERTIFICATION

### ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LEVEL 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 ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one
- \_\_\_\_\_ ADVANCEMENT FROM TRANSITIONAL (Apprentice or Out of State 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

- \_\_\_\_\_ FOR RENEWAL OF LICENSE (Check one)
  - \_\_\_\_\_ 5 Year License(s)      \_\_\_\_\_ 10 Year License(s)      \_\_\_\_\_ 5 Year Occupational License      \_\_\_\_\_ 10 Year 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)
  - \_\_\_\_\_ Master's Degree      \_\_\_\_\_ Education Specialist
  - \_\_\_\_\_ Master's Degree +30 semester hours      \_\_\_\_\_ 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)
- \_\_\_\_\_ ADDRESS CHANGE NOTIFICATION
- \_\_\_\_\_ DUPLICATE LICENSE (Current valid Tennessee license only)

# APPLICATION FOR PERMIT TO TEACH IN TENNESSEE

2009-2010 SCHOOL YEAR

THIS FORM IS COMPLETED BY SCHOOL SYSTEM/AGENCY

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 SYSTEM/AGENCY**  
**Both pages of application must be completed and submitted.**

This form is due October 15, 2009, for educators hired before September 15, 2009. For educators hired after September 15, 2009, the form is due no later than thirty days after employment.

\_\_\_\_\_ TN Public School System                      \_\_\_\_\_ TN Non-Public School/Agency                      \_\_\_\_\_ TN State Agency

\_\_\_\_\_ 1st Year (Include ALL official college transcripts)      \_\_\_\_\_ 2nd Year      \_\_\_\_\_ 3rd Year

School System \_\_\_\_\_ Phone Number \_\_\_\_\_

School System Address \_\_\_\_\_  
Street/PO Box    City    State    Zip Code

Name of School Assigned \_\_\_\_\_

Title 1 School \_\_\_\_\_ Yes \_\_\_\_\_ No      Is this applicant a new hire? \_\_\_\_\_ Yes \_\_\_\_\_ No      Date Hired \_\_\_\_\_

mm/dd/yyyy

**NEW HIRE (FOR SY 2009-2010 ONLY)** A teacher being employed in your system/agency who was NOT employed in your system/agency as a teacher or substitute teacher at anytime during a prior school year.

Endorsement Title (s) \_\_\_\_\_ Endorsement Code (s) \_\_\_\_\_  
(May obtain current endorsement code listing at [www.tennessee.gov/lic/endcode.shtml](http://www.tennessee.gov/lic/endcode.shtml) )

Requests for Permits **MUST** be submitted with copies of the advertisements posted in all of the following:

1. In the newspaper
2. On the internet
3. At the teacher training institutions

## LOCAL SCHOOL SYSTEM/AGENCY

In compliance with the public laws of Tennessee, we hereby certify that this school system/agency is unable to secure a qualified teacher with a valid license for the type and kind of school in which the vacancy exists. We recommend that the above permit be issued.

\_\_\_\_\_  
Signature of Authorized Official of School System/Agency      Date

\_\_\_\_\_  
Signature of Director of School    Date

## COMMISSIONER OF EDUCATION

Final Action :      \_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Signature of Commissioner, State Department of Education

\_\_\_\_\_  
Date