



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 fields for personal information: First Name, Middle Name, Last Name, (Maiden/Other 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.

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

- 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 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 ONLY 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
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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
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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.