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.

First Name* **Middle Name*** **Last Name*** **(Maiden/Other Last Name)**

Date of Birth* (MM/DD/YYYY) **Street/P.O. Box*** **City*** **State*** **Zip Code***

Primary Telephone Number* **(999) 999-9999** **Secondary Telephone Number** **(999) 999-9999** **Social Security Number*** **999-99-9999**

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 _____Hispanic or Latino _____Not Hispanic or Latino
2. Race – Mark all that apply _____American Indian or Alaska Native _____ Asian
   _____Black or African American _____Native Hawaiian/Other Pacific Islander
   _____White
3. Gender _____ Male
   _____ Female

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.

__Yes __No 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?

__Yes __No 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?

__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 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 "D" 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 INSTITUTION
Both pages of application must be completed and submitted.

TO BE COMPLETED BY THE DEAN OF EDUCATION

OFFICIAL TRANSCRIPTS FROM THE FOLLOWING INSTITUTIONS ARE ATTACHED (must include pre-service credit completed)

Name of Institution	Degree(s)	Date Degree(s) Conferred

THE APPLICANT WILL BE AN INTERN AT THE FOLLOWING LEVEL DURING SCHOOL YEAR 20_____ TO 20_____
_____ PRE-K _____ ELEMENTARY (K-6) _____ MIDDLE (4-8) _____ SECONDARY (If secondary, give the subject area _____) (7-12)

Name of School System	Name of School

This is to certify that the applicant has been admitted to the approved teacher education internshi

ENDORSEMENT TITLE	ENDORSEMENT CODE
_____	_____
_____	_____
_____	_____

This form must be signed by the Dean of Education of a Tennessee institution with an approved internship program.

College or University	Signature of Dean	Date

RENEWAL OF INTERIM D (Re-enrolled in program

TO BE COMPLETED BY THE DEAN OF EDUCATION

THE APPLICANT WILL BE AN INTERN AT THE FOLLOWING LEVEL DURING SCHOOL YEAR 20_____ TO 20_____
_____ PRE-K _____ ELEMENTARY (K-6) _____ MIDDLE (4-8) _____ SECONDARY (If secondary, give the subject area _____) (7-12)

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