



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 contact and demographic information including First Name, Middle Name, Last Name, Date of Birth, Street/P.O. Box, City, State, Zip Code, Telephone Numbers, Social Security Number, and Email Addresses.

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.

- 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.
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 and Date fields

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, ADVANCEMENT, OR RENEWAL OF AN APPRENTICE, APPRENTICE SPECIAL GROUP OR OUT OF STATE 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, Apprentice Special Group or Out of State License will be required to apply to reactivate the license. Educators who hold an active Apprentice, Apprentice Special Group or Out of State License may apply to advance or 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 Apprentice, Apprentice Special Group, or Out of State License

This option is for educators holding an inactive Apprentice, Apprentice Special Group or Out of State License. If requirements are met, educators will convert to the Practitioner License (second issuance).

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 statement(s) that best describes the status of your assessment result submission

- 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: Advancement of an Apprentice, Apprentice Special Group, or Out of State License

This option is for educators holding an Apprentice, Apprentice Special Group, or Out of State License who meet requirements to advance to the Professional License (3 years of acceptable experience and either 30 PDPs or a Director of Schools signature). If requirements are met, educators will be issued the new Professional License (6 year validity period).

Step 1: Ensure the Office of Educator Licensing has documentation verifying at least 3 years of acceptable experience. Submit an experience verification form with any teaching experience that is not already on file with the Office of Educator Licensing.

- Experience verification form for additional experience not on file with Office of Educator Licensing attached

Step 2: Submit PDP computation sheet verifying 30 Professional Development Points were accrued during the validity period of the license OR obtain the signature of the Director of Schools in the employing school district recommending licensure advancement. If not currently employed by a TN public school district, documentation supporting each PDP activity listed on the computation sheet must also be included.

- PDP Computation sheet attached demonstrating evidence of 30 Professional Development Points accrued during the validity period of the active license

OR

- I have obtained the signature of a Director of Schools (below) recommending my license be advanced to the Professional License.

Note to recommending individual: By signing below, you are indicating that you are recommending the above stated individual for advancement to the Professional License.

LEA Name

Date

Email Address

Director of Schools (Print Name)

Director of Schools (Signature)

Option 3: Renewal of an ACTIVE Apprentice, Apprentice Special Group, or Out of State License

This option is for educators holding an active Apprentice, Apprentice Special Group, or Out of State License who do not meet expectations for advancement to the Professional License. Educators will be converted to the new Practitioner License (second issuance).

- I do not meet advancement requirements and wish to renew/convert my license to the new Practitioner 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. ****

If using only evaluation data for renewal or advancement purposes no additional information is required beyond part 1.

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:** _____

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