



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 LICENSURE ADVANCEMENT
FOR EDUCATORS EMPLOYED IN TENNESSEE PUBLIC SCHOOLS
SCHOOL YEAR 2014 - 2015**

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.

**ALL COMPLETE APPLICATIONS MUST BE SENT TO OFFICE OF EDUCATOR LICENSING FOR PROCESSING
INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE SCHOOL SYSTEM**

TO BE COMPLETED BY TENNESSEE PUBLIC SCHOOL SYSTEM

School Name _____ Phone Number _____

School System _____ Phone Number _____

School System Address _____
Street City State Zip Code

NOTE - IF EDUCATOR WAS PLACED ON WAIVER FOR CURRENT SCHOOL YEAR - NOT ELIGIBLE FOR ADVANCEMENT

Identify subject area with endorsement codes(s) for which observation was conducted.

Check License Type _____ Apprentices _____ Apprentices Special Group _____ Out of State _____ Expiration Date _____
mm/dd/yyyy

_____ Grades K-6	_____ Endorsement Code
_____ Grades 7-8	_____ Endorsement Code
_____ Grades 9-12	_____ Endorsement Code

Verification of Experience _____ Years _____ Months _____ Days (3 years of verified experience required)

Evaluated by _____ **Principal/Supervisor**
Signature of Evaluator (Please circle one)

Recommendation Level

The above educator has been evaluated according to current state requirements and is recommended for advancement to the Professional License.
_____ YES _____ NO

Principal's Signature _____ Date _____ (REQUIRED)

Director of Schools Signature _____ Date _____ (REQUIRED)

Contact Name _____ Contact Email address _____ (REQUIRED)

Contact Phone Number _____ Contact Fax Number _____ (REQUIRED)

TL Use Only

Evaluator _____ Name/SSN _____ License/Endorsement _____ Experience _____
Recommended _____ Authorized Official Signature _____ Issued _____