



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 JROTC TEACHING 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

OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED

INITIAL ISSUANCE OF JROTC LICENSE INSTRUCTIONS FOR APPLICANTS COMPLETING ACADEMIC TRAINING THROUGH A BRANCH OF THE US MILITARY Applicants for a JROTC license in Tennessee must submit to this office: _____ A completed application for a Tennessee license. _____ Copy of valid JROTC training certificate _____ Official transcripts of credit/degrees earned in colleges/universities in the United States - if applicable		
TO BE COMPLETED BY DIRECTOR OF SCHOOLS		
APPLICANT IS CURRENTLY EMPLOYED IN OUR JROTC PROGRAM		
School System	Signature of Director of Schools	Date

RENEWAL OF JROTC LICENSE TO BE SUBMITTED AFTER MARCH 1 OF EXPIRATION YEAR. _____ A completed application for a Tennessee license. _____ Copy of valid JROTC training certificate _____ Official transcripts of credit/degrees earned in colleges/universities in the United States - if applicable		
TO BE COMPLETED BY DIRECTOR OF SCHOOLS		
APPLICANT IS CURRENTLY EMPLOYED IN OUR JROTC PROGRAM		
School System	Signature of Director of Schools	Date