

STATE OF TENNESSEE DEPARTMENT OF EDUCATION QUALIFICATION SHEET

(To be completed by Occupational Education License Applicants)

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.

PERSONAL DATA

Name _____										
Last Name			First Name			Middle/Maiden Name		Social Security Number		
Date of Birth _____		Present Address _____		Street/PO Box _____		City _____		State Zip _____		Telephone Number (include area code) _____
mm/dd/yyyy										

PREVIOUS EXPERIENCE

Type of Previous Occupational or Trade Experience _____	Years of Previous Occupational or Trade Experience _____
_____	_____
_____	_____

TEACHER LICENSE INFORMATION

Type of Teacher License _____	State _____	License Number _____	Date of Expiration _____	Subject(s) Approved _____
Type of Teacher License _____	State _____	License Number _____	Date of Expiration _____	Subject(s) Approved _____

TEACHING EXPERIENCE

Years of Teaching Experience _____	Subjects Taught _____
------------------------------------	-----------------------

EDUCATIONAL DATA

HIGHEST GRADE COMPLETED _____

Level of Education/Training	Name of School or other Organization	City	State	Major Course, Subject or Trade	Diploma	Certificate	Date
					(must select one)		
Pre-High School							
High School							
College							
Other: (include apprenticeship attainment of journeyman status and any other relevant training)							

(see reverse side for additional instructions)

EMPLOYMENT HISTORY (Include Military Experience)

Dates (Month, Year) and Highest Wage Earned	Name of Employer or Firm Address and Type of Business	Payroll Title and Typical Duties	Reason For Leaving
From _____ To _____ \$ _____ Per _____			
From _____ To _____ \$ _____ Per _____			
From _____ To _____ \$ _____ Per _____			
From _____ To _____ \$ _____ Per _____			
From _____ To _____ \$ _____ Per _____			
From _____ To _____ \$ _____ Per _____			
From _____ To _____ \$ _____ Per _____			
From _____ To _____ \$ _____ Per _____			

(Submit Additional Sheets if Necessary)

I certify that all statements on this form are true to the best of my knowledge and belief.

Signature of Applicant

Date

Send to: Office of Teacher Licensing
4th Floor, Anderw Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0377