



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, and Email Addresses.

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.

- 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.

Form fields for licensure transaction requested including Initial Licensure, Licensure Advancement, Licensure Renewal, Reactivating an Inactive License, Waiver or Permit, Additional Endorsement, JROTC, International Teacher Exchange License, and Other.

APPLICATION FOR TRANSITIONAL LICENSE RENEWAL AND ADVANCEMENT

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

RENEWAL OF TRANSITIONAL LICENSE TO BE COMPLETED BY TN SCHOOL SYSTEM		
TENNESSEE UNIVERSITY/ORGANIZATION		
IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20__ - 20__ IN THE FOLLOWING AREA:		
<input type="checkbox"/> PREK (K-6)	<input type="checkbox"/> ELEMENTARY (4-8)	<input type="checkbox"/> MIDDLE (7-12)
<input type="checkbox"/> SECONDARY/SUBJECT _____		<input type="checkbox"/> SUBJECT _____ (K-12)
First Renewal of Transitional license		
____ Listing of courses required as defined by University/Organization		
____ Verification of completion of orientation component of the professional education core competencies		
____ Verification from University/Organization that the only deficiency is teaching experience (if applicable)		
Second Renewal of Transitional license		
____ Verification that all Praxis II content tests are passed		
School System/Non-Public School	Signature of Director of Schools/Authorized Official	Date
Phone number	Email Address	
Name of University or Organization (Used for Transitional Program)	Contact Person - Name	
Email Address	Phone Number	Date

ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LICENSE - TO BE COMPLETED BY TN SCHOOL SYSTEM		
THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ADVANCEMENT:		
____ Required Praxis tests scores must be sent directly from ETS to TN Dept of Education (SSN must be provided to ETS)		
____ Official transcripts identifying any additional course work not previously submitted		
____ Verification of completion of Professional Education Core Competencies by University/Organization - Name _____		
____ Endorsement(s) codes being advanced _____		
RECOMMENDATION TO ADVANCE TO THE APPRENTICE TEACHER LICENSE		
INSTATE PROGRAM COMPLETERS		
____ Verification of minimum of one year successful teaching experience (local evaluation on file) include Experience Verification Form for required time		
OUT OF STATE PROGRAM COMPLETERS		
____ Verification of minimum of two years successful teaching experience (local evaluation on file) include Experience Verification Form for required time		
RECOMMENDATION TO ADVANCE TO THE PROFESSIONAL TEACHER LICENSE		
____ Verification of three years successful teaching experience (local evaluation on file) include Experience Verification Form for required time		
* non-public schools must include the Non-Public Education Advancement Form*		
School System/Non-Public School	Signature of Director of Schools/Authorized Official	Date

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OUT OF STATE UNIVERSITY/ORGANIZATION		
<p>IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20_____ - 20_____ IN THE FOLLOWING AREA: ___PREK ___ELEMENTARY ___MIDDLE ___SECONDARY/SUBJECT _____) (K-6) (4-8) (7-12)</p>		
<p>First Renewal of Transitional license _____ Listing of courses required as defined by University/Organization</p>		
<p>VERIFICATION OF ADEQUATE PROGRESS AS DETERMINED BY TN SCHOOL SYSTEM AND APPROVED INSTITUTION/ORGANIZATION _____ Requirements of approved out of state or online program OR _____ The eleven TN Professional Education Core Competencies</p>		
<p>Second Renewal of Transitional license _____ Verification that all Praxis II content tests are passed</p>		
School System/Non-Public School	Signature of Director of Schools/Authorized Official	Date
Phone number	Email Address	
Name of University or Organization (Used for Transitional Program)	Contact Person - Name	
Email Address	Phone Number	Date