



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.

Initial Licensure, Licensure Advancement, Licensure Renewal, Reactivating an Inactive License, Waiver or Permit, Additional Endorsement, JROTC, International Teacher Exchange License, Other

APPLICATION FOR ADDITIONAL ENDORSEMENTS

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 seeking to add additional endorsements to their license may submit this form, along with any supporting documents to add endorsements to their current license.

Add an Additional Endorsement
 This application is for educators seeking to add an additional teaching endorsement
Submit applications to: Office of Educator Licensing, Department of Education, 12th Floor Andrew Johnson Tower, Nashville, TN 37243

Additional endorsements can be added in two ways. Some endorsement can be added by submitting qualifying scores on required content assessments. Other endorsements require that educators complete an approved program of study, and submit qualifying scores on required content assessments. More information about which endorsements can be added by test only can be found in the document **Educator Licensure Policy – Tennessee Department of Education Operating Procedures (5.502a)**.

Step 1: Indicate which endorsements are being requested:

Step 2: Submit passing test scores for all assessments required for requested endorsements.

Select the method by which scores have been submitted to the Office of Educator Licensing (check one):

- Scores have been sent from ETS to the TN Department of Education (SSN must be provided to ETS).
- A Designated Institution Score Report has been submitted by my educator preparation provider.

Step 3: If completing a program of study for additional endorsement(s), obtain the recommendation from an approved Educator Preparation Provider

Recommendation for Additional Endorsement(s) - TO BE COMPLETED BY A TENNESSEE INSTITUTION ONLY

Endorsement Title	Code	Date of Completion	Hours Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____
Title of Authorized Official (e.g. Director, Dean, or Certification Officer)	Name of Authorized Official
_____	_____
Signature of Authorized Official	Telephone Number
_____	_____
Email of Authorized Official	Date