

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF EDUCATOR LICENSING

710 JAMES ROBERTSON PARKWAY 12TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

PRINT CLEARLY - Please use Black Ink to ensure scanned application is legible - provide full name - include any aliases					
United States SSN - required		First Name	Middle Name	Last Name	Maiden Name/other last name aliases
Date of Birth-required	Gender	Street/P.O. Box		City	State Zip Code
Telephone Number - include area code		E-mail address - Must provide to receive notification of license issuance			Cell Phone Number/Alternate Phone Number

INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY & RACE

1. Ethnicity - Choose one Hispanic or Latino _____ Not Hispanic or Latino _____

2. Race - Choose one or more American Indian or Alaska Native _____ Asian _____ Black or African American _____
 Native Hawaiian - Other Pacific Islander _____ White _____

PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED

Personal Affirmation: Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate block for each question.

1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion? _____ YES _____ NO

2. Have you 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? _____ YES _____ NO

3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license expire does not apply) _____ YES _____ NO

4. Is there any action pending against your certificate/license or application in another state? _____ YES _____ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgment, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature _____ **Date** _____

TRANSACTION (S) REQUESTED. (Check and complete following page(s) if applicable)

CHOOSE TYPE OF INITIAL TENNESSEE LICENSE DESIRED

(THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NEVER HELD A TENNESSEE LICENSE OR DESIRING ADDITIONAL LICENSE TYPE)

- _____ INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) circle one
- _____ OUT OF STATE LICENSE (Program completers outside of TN / USA or applying based upon interstate agreement)
- _____ NON-PUBLIC SCHOOL LICENSE (Employment verification required)
- _____ TRANSITIONAL LICENSE (Requires signature from TN Director of Schools and verification from approved institution/agency)
- _____ INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education/Certification Officer at teacher preparation institution)
- _____ INTERIM "D" LICENSE (Internship) (Requires signature of Dean of Education at teacher preparation institution)
- _____ OCCUPATIONAL EDUCATION LICENSE (Apprentice Occupational)
- _____ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
- _____ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Director of Schools, nonrenewable)
- _____ JROTC LICENSE (Requires signature from TN Director of Schools)
- _____ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST
- _____ NATIONAL BOARD CERTIFICATION

ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LEVEL LICENSE

ONLY APPLICABLE IF HELD A PREDECESSOR TENNESSEE LICENSE

- _____ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel) circle one
- _____ ADVANCEMENT FROM ALTERNATIVE "A" or ALTERNATIVE "C" OR ALTERNATIVE "E" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
- _____ ADVANCEMENT FROM INTERIM "B" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
- _____ ADVANCEMENT FROM INTERIM "D" TO APPRENTICE LEVEL
- _____ ADVANCEMENT FROM ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one
- _____ ADVANCEMENT FROM TRANSITIONAL (Interim B, Apprentice or Professional) circle one
- _____ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE
- _____ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- _____ ADVANCEMENT TO PROFESSIONAL LEVEL ADMINISTRATOR LICENSE

RENEWAL OF OR AMENDMENT TO AN EXISTING LICENSE

ONLY APPLICABLE IF AMENDING AN EXISTING TENNESSEE LICENSE

- _____ RENEWAL OF LICENSE (Check one)
 - _____ 5 Year License (Apprentice/Apprentice Special Group/Out of State) _____ JROTC _____ 10 Year License (Professional/Professional Special Group)
 - _____ Administrator License (Beginning/Professional) _____ 5 Year Apprentice Occupational License _____ 10 Year Professional Occupational License
 - _____ Alternative A (Speech Lang. only) _____ Interim B _____ Interim D _____ Transitional _____ National Board Certification
- _____ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
 - _____ Masters Degree _____ Master's Degree +30 semester graduate hours _____ Education Specialist _____ Doctorate Degree
- _____ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____
- _____ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change) Social Security card n/a
- _____ ADDRESS CHANGE NOTIFICATION

APPLICATION FOR PERMIT TO TEACH IN TENNESSEE

THIS FORM IS COMPLETED BY SCHOOL SYSTEM/AGENCY

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 SYSTEM/AGENCY

**APPLICATION FOR PERMIT MUST BE SUBMITTED TO OFFICE OF TEACHER LICENSING
NO LATER THAN TWO (2) WEEKS FROM HIRE DATE**

TO BE COMPLETED BY SCHOOL SYSTEM/AGENCY

Requests for Permits MUST be submitted with copies of the advertisements posted in all of the following:

1. In the newspaper

2. On the internet

3. At the teacher training institutions

_____ TN Public School System _____ TN Non-Public School/Agency _____ TN State Agency _____ TN Charter School

_____ 1st Year (Include ALL official college transcripts) _____ 2nd Year _____ 3rd Year

SCHOOL YEAR _____ HIRE DATE _____

System Name _____ System Number _____ School Number _____

School System Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____

School System Phone Number _____ Name of School Assigned _____

Endorsement Title (s) _____ Endorsement Code (s) _____ Assignment Course Code(s) _____

(May obtain current endorsement code listing at http://www.tn.gov/education/licensing/endorsement_codes.shtml)

(May obtain current course code listing at <http://www.tn.gov/education/districts/correlations.shtml>)

TENNESSEE PUBLIC SCHOOL SYSTEM

In compliance with the public laws of Tennessee, we hereby certify that this school system is unable to secure a qualified teacher with a valid license for the type and kind of school in which the vacancy exists. We recommend that the above permit be issued

Signature of Director of Schools _____ Date _____

Signature of Board Chair _____ Date _____

Email address _____

Email Address _____

Human Resource Contact Name - Print _____

Human Resource Contact Signature _____ Date _____

Human Resource Contact Email Address _____

NON-PUBLIC SCHOOL/AGENCY/CHARTER SCHOOL

In compliance with the public laws of Tennessee, we hereby certify that this school/agency is unable to secure a qualified teacher with a valid license for the type and kind of school in which the vacancy exists. We recommend that the above permit be issued

Signature Authorized Official of School/Agency _____ Date _____

Signature of Director of School _____ Date _____

Email address _____

Email Address _____

TO BE COMPLETED BY TENNESSEE DEPARTMENT OF EDUCATION

COMMISSIONER OF EDUCATION

Final Action : _____ Approved _____ Not Approved