



Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 11th 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, Social Security Number, Email Addresses, and Gender.

The following information is collected for the purposes of federal reporting requirements. Please provide responses for both ethnicity and race.

- 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 and Date fields

SECTION 4. LICENSURE TRANSACTION REQUESTED

Please indicate the type(s) of licensure transaction(s) being requested. Mark all that apply.

Licensure Advancement, Licensure Renewal, Reactivating an Inactive License

Requirements to Advance to a Professional Occupational Educator License Check List:

Name: _____ LEA: _____

- Attendance during the first year of teaching for a total of five (5) days at new teacher training sponsored by College, Career & Technical Education Division, Department of Education. Date Completed _____
- Successful completion of an educator preparation program designed to meet the knowledge and skills for teacher preparation. Candidates must be recommended by an institution of higher education with a preparation program approved according to the standards and guidelines established by the State Board of Education. Date Completed _____
- Four (4) days release time to observe three (3) experienced teachers within your endorsed teaching area and one (1) experienced teacher outside of their teaching area. Date Completed _____

Observation 1 _____ Date Completed _____
School and Educator

Observation 2 _____ Date Completed _____
School and Educator

Observation 3 _____ Date Completed _____
School and Educator

Observation 4 _____ Date Completed _____
School and Educator

- Assigned teacher mentor during the first three (3) years of teaching.

Mentor's Signature _____

- Current/valid industry Certification where required by teacher endorsement area.
- Three (3) years of experience and the recommendation of the Director of Schools OR documentation of 30 professional development points