

VERIFICATION OF COMPLETION OF AN APPROVED INSTRUCTIONAL LEADER PROGRAM BY AN EDUCATOR PREPARATION PROVIDER IN A STATE OTHER THAN TENNESSEE

Please note: ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSURE AND PREPARATION, AND THE TENNESSEE ACADEMY FOR SCHOOL LEADERS 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.

APPLICANT NAMET	ENNESSEE EDUCATOR LICENSE NUMBER	
Please note: Additional requirements or exemptions may Rule 0520-02-03 and Policy 5.502 for this information.	<i>।</i> apply for specific endorsement a	areas. Please review State Board
- Educators must submit this completed form t their application for additional endorsement.	hrough www.TNCompass.org	, as an attachment to
 Educators applying for Tennessee instructional completion of an instructional leader program other than Tennessee, in addition to the requ 	n approved for licensure of scl	hool principals in a state
Note to recommending agency: By signing below, you are educator preparation program either approved in a state ot to the best of your knowledge, that the individual is at least Code Ann. § 49-5-101).	her than Tennessee (SBE Rule 0520	0-02-03). In addition, you certify,
Educator Preparation Provider (Institution/Organization)	State Abbreviation Reg	gional Accrediting Agency
Endorsement Program(s) Completed (Program Title - e.g., biology, element	Program(s) Grade Level	Program Completion Date
Title of Authorized Official (e.g. Director, Dean, or Certification Off	icer) Email Address	
Name of Authorized Official	Telephone Number	

office of educator licensure and preparation. **Note to Applicant:** Upon receipt, please upload completed form to the *Attachments* section on the

Licensure tab of your www.TNCompass.org account.

Note to EPP: Upon completion, please return this form to the applicant for submission to the