

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243-0377

PRINT CLEARLY-Please provide full legal name (will be reflected on your teacher license)
Form with fields for First Name, Middle Name, Last Name, Maiden Name, United States SSN, Email Address, Telephone Number, Date of Birth, Sex, Street/P.O. Box, City, State, Zip Code.

INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY & RACE
1. Ethnicity - Choose one
2. Race - Choose one or more

PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED

Personal Affirmation: Failure to complete this section will result in your application being returned without processing.
Check the appropriate block for each question. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.
4. Is there any action pending against your certificate/license or application in another state?
Signature \_\_\_\_\_ Date \_\_\_\_\_

TRANSACTION (S) REQUESTED. (CHECK ALL THAT APPLY AND COMPLETE FOLLOWING PAGE FOR ITEM CHECKED)

TYPE OF INITIAL TENNESSEE LICENSE
\_\_\_ INITIAL LICENSE-TN Institutions Only (Apprentice Teacher, Apprentice Special Group, Beginning Administrator or Instructional Leader ) Circle one.
\_\_\_ OUT OF STATE LICENSE (Program completers outside of TN / USA or applying based upon reciprocity)
\_\_\_ 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 (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

\_\_\_ 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 ALTERNATIVE " I " OR ALTERNATIVE " II " (A pprentice or Out of State or Professional) circle one
\_\_\_ ADVANCEMENT FROM TRANSITIONAL (Apprentice or Out of State 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

\_\_\_ FOR RENEWAL OF LICENSE (Check one)
\_\_\_ 5 Year License \_\_\_ 10 Year License \_\_\_ 5 Year Occupational License \_\_\_ 10 Year Occupational License \_\_\_ Administrator 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)
\_\_\_ Master's Degree \_\_\_ Education Specialist
\_\_\_ Master's Degree +30 semester hours \_\_\_ 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
\_\_\_ DUPLICATE LICENSE (Current valid Tennessee license only)

# RENEWAL OR ADVANCEMENT OF ALTERNATIVE TYPE "A" LICENSE

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 APPLICANT**  
**Both pages of application must be completed and submitted**

## RENEWAL OF ALTERNATIVE TYPE "A" LICENSE (SPEECH/LANGUAGE ONLY)

### OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED

- \_\_\_\_\_ Official transcripts reflecting six semesters hours of credit in areas of deficiency (must be attached)
- \_\_\_\_\_ Program of Studies as defined and prepared by the Dean of Education at an approved Institution. (must be attached)
- \_\_\_\_\_ Verification from Certification Officer that all coursework has been completed except for student teaching.

### LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT

ENDORSEMENT TITLE

ENDORSEMENT CODE

IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20\_\_\_\_ - 20\_\_\_\_ IN THE FOLLOWING AREA:

I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant.

School System

Signature of Director of Schools

Date

## ADVANCEMENT TO APPRENTICE LEVEL LICENSE

- \_\_\_\_\_ Completed application from approved in-state recommending college/university.
- \_\_\_\_\_ Verification of two years successful teaching experience on the Alternative Type "A" license.

**(Praxis scores must be submitted to advance)**

- \_\_\_\_\_ Designated Institution Score Report submitted by college/university, or \_\_\_\_\_ directly from ETS.
- \_\_\_\_\_ All official transcripts that have not previously been submitted.