

# 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

First Name	Middle Name	Last Name	Maiden Name - if applicable	United States SSN - required
Email Address		Telephone Number -include area code	Date of Birth - required	Sex
Street/P.O. Box		City	State	Zip Code

## INFORMATION NEEDED FOR FEDERAL REPORTING - MUST BE COMPLETED

**Ethnicity - Choose one**      Hispanic or Latino \_\_\_\_\_      Not Hispanic or Latino \_\_\_\_\_  
**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. DO NOT include matters that the State Board of Education has already 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 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 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 to 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 judgement, 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 ALL THAT APPLY AND COMPLETE FOLLOWING PAGE FOR ITEM CHECKED)

### TYPE OF TENNESSEE LICENSE

- \_\_\_\_\_ INITIAL TEACHING LICENSE-TN Institutions Only (Apprentice Teacher, Apprentice Special Group, Beginning Administrator, or Instructional Leader) Circle one.
- \_\_\_\_\_ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA or applying based upon reciprocity)
- \_\_\_\_\_ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- \_\_\_\_\_ TRANSITIONAL LICENSE (Requires signature from 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
- \_\_\_\_\_ 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" (Apprentice 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(s)      \_\_\_\_\_ 10 Year License(s)      \_\_\_\_\_ 5 Year Occupational License      \_\_\_\_\_ 10 Year 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)
  - \_\_\_\_\_ 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)
- \_\_\_\_\_ ADDRESS CHANGE NOTIFICATION
- \_\_\_\_\_ DUPLICATE LICENSE (Current valid Tennessee license only)

# APPLICATION FOR INTERIM TYPE "D" 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 INSTITUTION**  
**Both pages of application must be completed and submitted.**

<b>TO BE COMPLETED BY THE DEAN OF EDUCATION</b>										
OFFICIAL TRANSCRIPTS FROM THE FOLLOWING INSTITUTIONS ARE ATTACHED (must include pre-service credit completed)										
THE APPLICANT WILL BE AN INTERN AT THE FOLLOWING LEVEL DURING SCHOOL YEAR _____ TO _____										
_____ PRE-K	_____ ELEMENTARY	_____ MIDDLE _____ SECONDARY (If secondary, give the subject area _____)								
(K-6)	(4-8)	(7-12)								
<b>School System</b>	<b>School</b>									
This is to certify that the applicant has been admitted to the approved teacher education internship program.										
<table border="1"><thead><tr><th>ENDORSEMENT TITLE</th><th>ENDORSEMENT CODE</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>			ENDORSEMENT TITLE	ENDORSEMENT CODE						
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This form must be signed by the Dean of Education of a Tennessee institution with an approved internship program.										
College or University	Signature of Dean	Date								