

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 ADVANCEMENT TO THE PROFESSIONAL ADMINISTRATOR 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.

COMPLETE SECTION BELOW APPROPRIATE TO PROGRAM COMPLETED

Beginning Administrator License Held (check one)

_____ Standard Program - A BAL (480 endorsement) _____ Internship Program - B BAL (481 endorsement)

STANDARD PROGRAM - A (BAL/480) ADVANCEMENT TO PAL

To be completed by local Director of Schools and authorized higher education institution representative.

I verify that the above applicant has completed all requirements for advancement to the Professional Administrator License. (Requirements include the Professional Development Plan/local evaluation for 2-3 years as Principal or Supervisor of Instruction)

_____ Yes _____ No

Director of schools Signature

Authorized Institution Representative Signature

Typed Name

Typed Name and Title

School System

College/University

Date

Date

Experience accrued under Beginning Administrator License (Must be as Principal or Supervisor of Instruction)

FROM _____ TO _____
MONTH DAY YEAR MONTH DAY YEAR

INTERNSHIP PROGRAM - B (BAL/481) ADVANCEMENT TO PAL

To be completed by local Director of Schools.

I verify that the above applicant has completed all requirements for advancement to the Professional Administrator License. (Requirements include the Professional Development Plan/local evaluation for 1-2 years as Principal or Supervisor of Instruction)

_____ Yes _____ No

Director of Schools Signature

School System

Typed Name

Date

Experience accrued under Beginning Administrator License (Must be as Principal or Supervisor of Instruction)

FROM _____ TO _____
MONTH DAY YEAR MONTH DAY YEAR