

# 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 legal name**

First Name	Middle Name	Last Name	Maiden Name (if applicable)	SSN (required)	
Email Address		Telephone Number	Date of Birth (required)	Race	Sex
Street/P.O. Box			City	State	Zip Code

**ARE YOU A VETERAN?** \_\_\_\_\_ YES \_\_\_\_\_ YEARS SERVED \_\_\_\_\_ NO

**ARE YOU THE SPOUSE OF A VETERAN?** \_\_\_\_\_ YES \_\_\_\_\_ NO

If you checked YES (See important information regarding Troops to Teachers program available @ [www.proudtoserveagain.com](http://www.proudtoserveagain.com))

**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, and Beginning Administrator)
- \_\_\_\_\_ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA or applying based upon reciprocity)
- \_\_\_\_\_ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- \_\_\_\_\_ ALTERNATIVE " I " LICENSE (Requires signature from Director of Schools and Certification Officer of Affiliated University/College)
- \_\_\_\_\_ ALTERNATIVE " II " LICENSE (Requires signature from Director of Schools)
- \_\_\_\_\_ INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education at teacher preparation institution)
- \_\_\_\_\_ INTERIM "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
- \_\_\_\_\_ OCCUPATIONAL EDUCATION LICENSE
- \_\_\_\_\_ 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 FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel)
- \_\_\_\_\_ ADVANCEMENT FROM ALTERNATIVE " A " TO APPRENTICE LEVEL(Apprentice or Out of State)
- \_\_\_\_\_ ADVANCEMENT FROM INTERIM " B " TO APPRENTICE LEVEL(Apprentice or Out of State)
- \_\_\_\_\_ ADVANCEMENT FROM ALTERNATIVE " C " TO APPRENTICE LEVEL(Apprentice)
- \_\_\_\_\_ ADVANCEMENT FROM ALTERNATIVE " E " TO APPRENTICE LEVEL (Apprentice or Out of State)
- \_\_\_\_\_ ADVANCEMENT FROM ALTERNATIVE " I " OR ALTERNATIVE " II " (Apprentice or Out of State or Professional)
- \_\_\_\_\_ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE
- \_\_\_\_\_ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- \_\_\_\_\_ ADVANCEMENT FROM BEGINNING ADMINISTRATOR TO PROFESSIONAL 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 \_\_\_\_\_ Alternative C \_\_\_\_\_ Alternative E \_\_\_\_\_ Interim B \_\_\_\_\_ Interim D \_\_\_\_\_ Alternative I \_\_\_\_\_ Alternative II
- \_\_\_\_\_ 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 LICENSURE ADVANCEMENT  
FOR EDUCATORS EMPLOYED IN TENNESSEE NON-PUBLIC SCHOOLS  
SCHOOL YEAR 2007-2008**

**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 SCHOOL ADMINISTRATOR  
Both pages of application must be completed and submitted.**

**TO BE COMPLETED BY SCHOOL**

School Name \_\_\_\_\_ Category \_\_\_\_\_ Phone Number \_\_\_\_\_

School System Address \_\_\_\_\_  
Street City State Zip Code

**Identify subject area with endorsement codes(s) for which observation was conducted.**

\_\_\_\_\_ Elementary Grade/Subject \_\_\_\_\_ Secondary Course Title/Subject

Check License Type \_\_\_\_\_ 22 \_\_\_\_\_ 27 (Voc) \_\_\_\_\_ 36 \_\_\_\_\_ 67 Expiration Date \_\_\_\_\_  
mm/dd/yyyy

**Verification of Experience** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days (3 years of verified experience required)  
( Obtain form at [www.tennessee.gov/education/lic/pdf/doc/ed2034a.pdf](http://www.tennessee.gov/education/lic/pdf/doc/ed2034a.pdf))

**Evaluated by** \_\_\_\_\_  
Signature of Evaluator Evaluator's Social Security Number Title

**Recommendation Level**

The above educator has been evaluated and meets the required competency level for all designated domains and is recommended for advancement to the Professional License: \_\_\_\_\_ YES \_\_\_\_\_ NO

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL TO OFFICE OF TEACHER LICENSING BY MARCH 15, 2008  
(Vocational Advancement Packet must be accompanied with this recommendation form)

<b>TL Use Only</b>							
Evaluator	<input type="checkbox"/>	Name/SSN	<input type="checkbox"/>	License/Endorsement	<input type="checkbox"/>	Experience	<input type="checkbox"/>
Recommended	<input type="checkbox"/>	Authorized Official Signature	<input type="checkbox"/>	Returned to School	<input type="checkbox"/>	Issued	<input type="checkbox"/>