

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

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

PRINT CLEARLY - Please provide full name - include any aliases

United States SSN - required		First Name	Middle Name	Last Name	Maiden Name/other last name aliases	
Date of Birth-required	Gender	Street/P.O. Box		City	State	Zip Code
Telephone Number - include area code			E-mail address - where we can contact you if applicable		Cell Phone Number/Alternate Phone Number	

INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY & RACE

1. **Ethnicity - Choose one** Hispanic or Latino _____ Not Hispanic or Latino _____
2. **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 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 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 judgment, 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 and complete following page(s) if applicable)

CHOOSE TYPE OF INITIAL TENNESSEE LICENSE DESIRED

(THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NEVER HELD A TENNESSEE LICENSE OR DESIRING ADDITIONAL LICENSE TYPE)

- ___ INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) circle one
- ___ OUT OF STATE LICENSE (Program completers outside of TN / USA or applying based upon interstate agreement)
- ___ 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

ONLY APPLICABLE IF HELD A PREDECESSOR TENNESSEE 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 INTERIM "D" TO APPRENTICE LEVEL
- ___ ADVANCEMENT FROM ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one
- ___ ADVANCEMENT FROM TRANSITIONAL (Interim B, Apprentice 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

ONLY APPLICABLE IF AMENDING AN EXISTING TENNESSEE LICENSE

- ___ RENEWAL OF LICENSE (Check one)
 - ___ 5 Year License (Apprentice/Apprentice Special Group/Out of State) ___ JROTC ___ 10 Year License (Professional/Professional Special Group)
 - ___ Administrator License (Beginning/Professional) ___ 5 Year Apprentice Occupational License ___ 10 Year Professional 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)
 - ___ Masters Degree ___ Master's Degree +30 semester graduate hours ___ Education Specialist ___ 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) (Requires second page of application to be notarized)

DEACTIVATION OF OCCUPATIONAL ENDORSEMENT REQUEST

Must submit the following to request the deactivation of an occupational endorsement:

- Notarized letter requesting deactivation from authorized official at LEA
- Notarized deactivation request form

TO BE COMPLETED BY NOTARY

State of _____, _____ County _____ personally appeared
(Applicant)
before me, _____, a Notary Public in and for said County. Sworn and subscribed before me
(Name of Notary)
this _____ day of _____, 20_____. *Place Notary Seal here.*

(Notary Signature)

REACTIVATION OF OCCUPATIONAL ENDORSEMENT REQUEST

Must submit the following to request the reactivation of an occupational endorsement:

- Notarized letter requesting reactivation from authorized official at LEA
- Documentation of 240 hours of work in the past eight years
- Current and valid Industry Certification (if applicable)
- Notarized reactivation request form

TO BE COMPLETED BY NOTARY

State of _____, _____ County _____ personally appeared
(Applicant)
before me, _____, a Notary Public in and for said County. Sworn and subscribed before me
(Name of Notary)
this _____ day of _____, 20_____. *Place Notary Seal here.*

(Notary Signature)