

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 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 TRANSITIONAL 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 PARTIE

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE SCHOOL SYSTEM

Both pages of application must be completed and submitted.

INITIAL ISSUANCE OF TRANSITIONAL LICENSE -TO BE COMPLETED BY TN SCHOOL SYSTEM

OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED

___ Official transcripts from all institutions are enclosed. ___ All transcripts are on file in the Office of Teacher Licensing

Educator is eligible for issuance of the Transitional License based upon one of the following:

- ___ Academic major in the area
- ___ Required Praxis tests (must be sent directly from ETS to TN Department of Education (SSN must be provided to ETS))
- ___ Verification of a minimum 24 semester hours in the teaching content area

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

ENDORSEMENT TITLE(S) _____ **ENDORSEMENT CODE(S)** _____

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

___ PREK ___ ELEMENTARY ___ MIDDLE ___ SECONDARY/SUBJECT ___ SUBJECT
(K-6) (4-8) (7-12) (K-12)

Applicant is eligible for admission, is admitted, or enrolled in an approved transitional licensure preparation progr:

School System	Signature of Director of Schools	Date
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RENEWAL OF TRANSITIONAL LICENSE TO BE COMPLETED BY TN SCHOOL SYSTEM

TENNESSEE INSTITUTION/ORGANIZATION

NAME OF TN INSTITUTION OR ORGANIZATION _____

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

___ PREK ___ ELEMENTARY ___ MIDDLE ___ SECONDARY/SUBJECT ___ SUBJECT
(K-6) (4-8) (7-12) (K-12)

First Renewal of Transitional license

- ___ Listing of courses required as defined by Institution/Organization
- ___ Verification of completion of orientation component of the professional education core competencies
- ___ Verification from Institution/Organization that the only deficiency is teaching experience (if applicable)

Second Renewal of Transitional license

- ___ Verification that all Praxis II content tests are passed

School System	Signature of Director of Schools	Date
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OUT OF STATE INSTITUTIONS

NAME OF INSTITUTION _____

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

___ PREK ___ ELEMENTARY ___ MIDDLE ___ SECONDARY/SUBJECT ___ SUBJECT
(K-6) (4-8) (7-12) (K-12)

First Renewal of Transitional license

- ___ Listing of courses required as defined by Institution

VERIFICATION OF ADEQUATE PROGRESS AS DETERMINED BY TN SCHOOL SYSTEM AND APPROVED INSTITUTION

- ___ Requirements of approved out of state or online program
- OR
- ___ The eleven TN Professional Education Core Competencies

Second Renewal of Transitional license

- ___ Verification that all Praxis II content tests are passed

School System	Signature of Director of Schools	Date
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ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LICENSE

TO BE COMPLETED BY TN SCHOOL SYSTEM

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ADVANCEMENT:

- ___ Required Praxis tests must be sent directly from ETS to TN Dept of Education (SSN must be provided to ETS)
- ___ Official transcripts identifying any additional course work not previously submitted
- ___ Verification of completion of Professional Education Core Competencies by Institution/Organization - Name _____

RECOMMENDATION TO ADVANCE TO THE APPRENTICE TEACHER LICENSE

- ___ Verification of minimum of one year successful teaching experience (local evaluation on file)

RECOMMENDATION TO ADVANCE TO THE PROFESSIONAL TEACHER LICENSE

- ___ Verification of three years successful teaching experience (local evaluation on file)

Signature of Director of Schools	Date
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