



# 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 PARTIES.

## 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 Licensin

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 program

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 \_\_\_\_\_

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\_\_\_\_ 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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