

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 name - include any aliases				
First Name	Middle Name	Last Name	Maiden Name/ other Alias - if applicable	United States SSN - required
Email Address (where we can contact you if applicable)		Telephone Number - include area code	Date of Birth - required	Gender
Street/P.O. Box		City	State	Zip Code

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 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 and complete following page(s) if applicable)

TYPE OF INITIAL TENNESSEE LICENSE (may not be necessary if you already hold a TN license)

- ___ 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 reciprocity)
- ___ 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 (may not be necessary)

- ___ 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 (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 (may not be necessary)

- ___ FOR RENEWAL OF LICENSE (Check one)
- ___ 5 Year License ___ 10 Year License ___ 5 Year Occupational License ___ 10 Year Occupational License ___ Administrator 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) Social Security card n/a
- ___ 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 PARTIES.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE SCHOOL SYSTEM

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 ARE:

___ 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/Non-Public School	Signature of Director of Schools/Authorized Official	Date
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Name of Institution or Organization (Used for Transitional Program)

RENEWAL OF TRANSITIONAL LICENSE TO BE COMPLETED BY TN SCHOOL SYSTEM

TENNESSEE INSTITUTION/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/Non-Public School	Signature of Director of Schools/Authorized Official	Date
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Name of Institution or Organization (Used for Transitional Program)

OUT OF STATE INSTITUTION/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 ADEQUATE PROGRESS AS DETERMINED BY TN SCHOOL SYSTEM AND APPROVED INSTITUTION/ORGANIZATION

- ___ 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/Non-Public School	Signature of Director of Schools/Authorized Official	Date
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Name of Institution or Organization (Used for Transitional Program)

ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LICENSE TO BE COMPLETED BY TN SCHOOL SYSTEM

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ADVANCEMENT:

- ___ Required Praxis tests scores 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) include Experience Verification Form for required time

RECOMMENDATION TO ADVANCE TO THE PROFESSIONAL TEACHER LICENSE

- ___ Verification of three years successful teaching experience (local evaluation on file) include Experience Verification Form for required time

* non-public schools must include the Non-Public Education Advancement Form*

School System/Non-Public School	Signature of Director of Schools/Authorized Official	Date
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Name of Institution or Organization (Used for Transitional Program)