



Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 12th Floor - Nashville, TN 37243

The information on this page must accompany any request for licensure transactions in the State of Tennessee. Please complete using black ink. Required items are identified with an asterisk (*). **The personal affirmation section must be completed.**

SECTION 1. CONTACT AND DEMOGRAPHIC INFORMATION

This section must be completed. Please be certain to provide accurate information.

First Name*	Middle Name*	Last Name*	(Maiden/Other Last Name)	
Date of Birth* (MM/DD/YYYY)	Street/P.O. Box*	City*	State*	Zip Code*
Primary Telephone Number* (999) 999-9999	Secondary Telephone Number (999) 999-9999		Social Security Number* 999-99-9999	
Primary Email Address*		Secondary Email Address		

The following information is collected for the purposes of federal reporting requirements. Please provide responses for ethnicity, race and gender.

- Ethnicity – Choose one Hispanic or Latino Not Hispanic or Latino
- Race – Mark all that apply American Indian or Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White
- Gender Male
 Female

SECTION 2. PERSONAL AFFIRMATION*

This section must be completed. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate response for each question. Do not include matters that the State Board of Education has previously investigated and found “No Probable Cause” to take any disciplinary action.

- Yes No 1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of *nolo contendere* or granting pre-trial diversion?
- Yes No 2. Have you ever 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 certification/license or application in another state?

- If you have answered “Yes” to question 1 or 2, please attach details of conviction, include date and location of conviction, and court certified copies of the judgment, conviction, and sentencing.
- If you have answered “Yes” to question 3 or 4, please attach details naming the state and/or issuing authority and explain the circumstances.

SECTION 3. SIGNATURE AND DATE

This section must be completed.

Applicant Signature	Date
----------------------------	-------------

SECTION 4. LICENSURE TRANSACTION REQUESTED

Please indicate the type(s) of licensure transaction(s) being requested. Mark all that apply.

Initial Licensure Licensure Advancement Licensure Renewal Reactivating an Inactive License Waiver or Permit
 Additional Endorsement JROTC International Teacher Exchange License Other: _____

APPLICATION FOR REACTIVATION OF A TRANSITIONAL, INTERIM B OR INTERIM D LICENSE

Please note: ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSING BECOME THE PROPERTY OF THE TENNESSEE 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 APPROPRIATE ENTITY.

APPLICANT NAME _____

LICENSE NUMBER _____

Educators who have an expired Transitional, Interim B or Interim D License will be required to apply to reactive their license. After September 1, 2015 Transitional, Interim B and Interim D Licenses will no longer be issued. Educators reactivating one of these three licenses will be issued a Practitioner License. Based on information received, the Office of Educator Licensure will determine if the Practitioner License will be classified as a first or second issuance.

Reactivate an expired Transitional, Interim B or Interim D License

This application is for educators holding an expired Transitional, Interim B or Interim D License

Submit applications to: Office of Educator Licensing, Department of Education, 12th Floor Andrew Johnson Tower, Nashville, TN 37243

Step 1: Indicate expired license type: _____ Transitional(Complete steps 2,3 & 4) _____ Interim B(Complete steps 2 &3)
_____ Interim D (Complete steps 2, 3 & 4)

Step 2: Submit qualifying scores (not more than 5 years old) on all state-required content assessments to the Office of Educator Licensing. Passing scores also need to be submitted for any endorsements educators wish to have reactivated. If assessments have either not been taken or passed, please indicate below.

Select the statement that applies to your situation:

- Scores have been sent from ETS to the TN Department of Education (SSN must be provided to ETS).
- Qualifying scores that are less than 5 years old are on file with the Office of Educator Licensing.
- A Designated Institution Score Report has been submitted by my educator preparation provider.
- I have either not taken or have taken and not passed required content assessments.

Step 3: Submit experience verification form showing teaching experience for the 2014-2015 school year. Also attach an experience verification form with any teaching experience that is not already on file with the Office of Educator Licensing.

- Experience verification form for 2014-2015 school year attached
- Experience verification form for additional experience not on file with Office of Educator Licensing attached

Step 4: Verify enrollment or completion of an approved educator preparation program (Only for reactivating an Interim D or Transitional License).

TO BE COMPLETED BY AN APPROVED EDUCATOR PREPARATION PROVIDER

Please check one box below and submit requested information

- I certify the above stated individual **is currently enrolled in** an approved educator preparation program.
- OR**
- I certify that the above stated individual **has completed all requirements** for an educator preparation program approved for licensure in Tennessee.

Note to recommending agency: By signing below, you are indicating that the above stated individual is either currently enrolled in or has completed all requirements for an educator preparation program approved in Tennessee (SBE Rule 0520-02-03). In addition, you certify, to the best of your knowledge, that the individual is at least 18 years of age, possesses good moral character (Tenn. Code Ann. 49-5-101).

Educator Preparation Provider

Dean of Education (Print name)

Dean of Education (Signature)

Date

Certification Officer (Print name)

Certification Officer (Signature)

Date

Email Address of Contact Person

Email Address of Contact Person