

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 legal name

First Name	Middle Name	Last Name	Maiden Name (if applicable)	SSN (required)
Email Address		Telephone Number	Date of Birth (required)	Race
Street/P.O. Box		City	State	Zip Code

ARE YOU A VETERAN? _____ YES _____ YEARS SERVED _____ NO

ARE YOU THE SPOUSE OF A VETERAN? _____ YES _____ NO

If you checked YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.com)

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 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, and Beginning Administrator)
- _____ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA or applying based upon reciprocity)
- _____ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- _____ ALTERNATIVE " I " LICENSE (Requires signature from Director of Schools and Certification Officer of Affiliated University/College)
- _____ ALTERNATIVE " II " LICENSE (Requires signature from Director of Schools)
- _____ INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education at teacher preparation institution)
- _____ INTERIM "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
- _____ OCCUPATIONAL EDUCATION LICENSE
- _____ 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 FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel)
- _____ ADVANCEMENT FROM ALTERNATIVE " A " TO APPRENTICE LEVEL(Apprentice or Out of State)
- _____ ADVANCEMENT FROM INTERIM " B " TO APPRENTICE LEVEL(Apprentice or Out of State)
- _____ ADVANCEMENT FROM ALTERNATIVE " C " TO APPRENTICE LEVEL(Apprentice)
- _____ ADVANCEMENT FROM ALTERNATIVE " E " TO APPRENTICE LEVEL (Apprentice or Out of State)
- _____ ADVANCEMENT FROM ALTERNATIVE " I " OR ALTERNATIVE " II " (Apprentice or Out of State or Professional)
- _____ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE
- _____ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- _____ ADVANCEMENT FROM BEGINNING ADMINISTRATOR TO PROFESSIONAL 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 _____ Alternative C _____ Alternative E _____ Interim B _____ Interim D _____ Alternative I _____ Alternative II
- _____ 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)

