

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	Sex
Street/P.O. Box			City	State	Zip Code

ARE YOU A VETERAN? YES NO _____ YEARS SERVED _____

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 or 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)

RENEWAL OR ADVANCEMENT OF ALTERNATIVE TYPE "C" TEACHING 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 INSTITUTION

RENEWAL OF ALTERNATIVE TYPE "C" LICENSE

OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE ATTACHED

OFFICIAL TRANSCRIPTS FROM THE FOLLOWING INSTITUTIONS ARE ATTACHED (must include pre-service credit completed)

TO BE COMPLETED BY SCHOOL SYSTEM SUPERINTENDENT/DIRECTOR OF SCHOOLS

The applicant will be employed during school year _____ to _____, and will be given the support of one or more mentor teachers from the following area during this year.

_____ PRE-K _____ ELEMENTARY _____ MIDDLE _____ SECONDARY (If secondary, give the subject area _____)
 (K-6) (4-8) (7-12)

***Note: An applicant can only be assigned to teach in the area of endorsement reflected on the Alternative Type "C" License.**

School System	School
Signature of Superintendent/Director of Schools	Date

TO BE COMPLETED BY THE DEAN OF EDUCATION

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

Endorsement Title	Endorsement Code	Initial	Add-on	Date of Completion
		(must select one)		

This applicant has completed the pre-service portion of the approved Alternative Type "C" Licensure Program.
 Date of Completion _____

***Note: An applicant can only be assigned to teach in the area of endorsement reflected on the Alternative Type "C" License.**

College or University	Signature of Dean	Date
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ADVANCEMENT TO APPRENTICE LEVEL LICENSE

- _____ Documentation signed by the college certification officer verifying completion of the professional education component of an approved teacher education program.
- _____ Verification of two years of successful teaching experience on the Alternative Type "E" License with a positive recommendation from the local school system. OR (one year on the Alternative Type "C" license)
- _____ Official transcripts from all colleges/universities attended. All transcripts that have not previously been submitted to the Office of Teacher Licensing must be included.
- _____ Passing scores on all appropriate Praxis Exams, including the PLT and all required specialty area tests
 _____ Designated Institution Score Report submitted by college/university, or _____ directly from ETS.

