

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 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)

RENEWAL OF APPRENTICE OCCUPATIONAL EDUCATION 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 APPLICANT
Both pages of application must be completed and submitted.

TO BE COMPLETED BY APPLICANT

Apprentice license holders with less than 3 years teaching experience within five year validity period of the license.

MUST SUBMIT:

_____ FULL-TIME EMPLOYMENT VERIFICATION

_____ OFFICIAL TRANSCRIPT REFLECTING ONE INDUSTRIAL OR PROFESSIONAL EDUCATION COURSE

_____ INDUSTRY CERTIFICATION

___ Trade & Industry

___ Cosmetology and/or Barbering

___ Registered Nurse or Allied Health

Instructor

Apprentice license holders with 3 years teaching experience within five year validity period of license.

MUST SUBMIT:

_____ NEGATIVE ADVANCEMENT RECOMMENDATION

_____ OFFICIAL TRANSCRIPT REFLECTING ONE INDUSTRIAL OR PROFESSIONAL EDUCATION COURSE

_____ INDUSTRY CERTIFICATION

___ Trade & Industry

___ Cosmetology and/or Barbering

___ Registered Nurse or Allied Health

Instructor