

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)

APPLICATION FOR ALTERNATIVE TYPE II 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 ALTERNATIVE TYPE II LICENSE

OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED

Official transcripts are required for licensure purposes. Include transcripts from all institutions attended.

___ Official transcripts from all institutions are enclosed. ___ All transcripts are on file in the Office of Teacher Licensing

TO BE COMPLETED BY DIRECTOR OF SCHOOLS

Educator is eligible for issuance of the Alternative Type II 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 (list of courses identified)

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

ENDORSEMENT TITLE

ENDORSEMENT CODE

IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA:

___ PREK ___ ELEMENTARY ___ MIDDLE ___ SECONDARY/SUBJECT _____ SECONDARY/SUBJECT _____
(K-6) (4-8) (7-12) (K-12)

School System

Signature of Director of Schools

Date

RENEWAL OF ALTERNATIVE TYPE II LICENSE

TO BE COMPLETED BY SCHOOL SYSTEM

THE FOLLOWING ITEM IS REQUIRED UPON SUBMISSION OF RENEWAL REQUEST

_____ Program of Study (Individualized Plan) as defined and prepared by the Certification Officer or Dean of Education at an approved institutio
(attach at each renewal)

IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA:

___ PREK ___ ELEMENTARY ___ MIDDLE ___ SECONDARY/SUBJECT _____ SECONDARY/SUBJECT _____
(K-6) (4-8) (7-12) (K-12)

By checking & signing this application I am attesting that this educator has met, and our school system has on file evidence of:

_____ Admittance to and/or enrollment in an approved alternative licensure program

AND

_____ Evidence of successfully completing the equivalency of three hours of course work from Program of Study

AND

_____ Taken all required Praxis II examinations (except PLT) for endorsement(s) sought.

OR

_____ Verification from Certification Officer or Dean of Education that the only deficiency is experience.

School System

Signature of Director of Schools

Date

ADVANCEMENT TO APPRENTICE LEVEL LICENSE

TO BE COMPLETED BY SCHOOL SYSTEM

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ADVANCEMENT:

_____ Required Praxis tests must be sent directly from ETS to TN Department of Education (SSN must be provided to ETS)

_____ Official transcripts identifying any additional course work

_____ Verification of professional core (attach copy of Program of Study)

RECOMMENDATION TO ADVANCE TO THE APPRENTICE LEVEL LICENSE

_____ Verification of minimum of two years successful teaching experience (must have successfully completed local evaluation)

RECOMMENDATION TO ADVANCE TO THE PROFESSIONAL TEACHER LICENSE

_____ Verification of three years successful teaching experience (must have successfully completed local evaluation)

Signature of Director of Schools

Date