

# TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF EDUCATOR LICENSING

710 JAMES ROBERTSON PARKWAY 12TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

<b>PRINT CLEARLY - Please use Black Ink to ensure scanned application is legible - provide full name - include any aliases</b>						
License number - if applicable include all preceding zeroes	United States SSN	First Name	Middle Name	Last Name	Maiden Name/other last name aliases	
Date of Birth-required	Gender	Street/P.O. Box		City	State	Zip Code
Telephone Number - include area code		E-mail address - <b>Must provide to receive notification of license issuance</b>			Cell Phone Number/Alternate Phone Number	

<b>INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY &amp; RACE</b>	
1. Ethnicity - Choose one	Hispanic or Latino _____ Not Hispanic or Latino _____
2. Race - Choose one or more	American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian - Other Pacific Islander _____ White _____

**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.**

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 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 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 judgment, 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**

## BEGINNING ADMINISTRATOR LICENSE CONVERSION

**THIS APPLICATION ONLY APPLIES TO THOSE WHO HOLD A BEGINNING ADMINISTRATOR LICENSE**

Please check here to indicate the transaction requested:

CONVERT BEGINNING ADMINISTRATOR LICENSE TO INSTRUCTIONAL LEADERSHIP LICENSE B

Please respond to the following statement:

YES  NO I HAVE COMPLETED THE ONLINE INSTRUCTIONAL MODULE (REVIEWED THE TILS (2013), ADMINISTRATOR EVALUATION RUBRIC, AND OVERVIEW PRESENTATION AND COMPLETED THE ONLINE REVIEW)