



Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 12th Floor - Nashville, TN 37243

The information on this page must accompany any request for licensure transactions in the State of Tennessee. Please complete using black ink. Required items are identified with an asterisk (*). The personal affirmation section must be completed.

SECTION 1. CONTACT AND DEMOGRAPHIC INFORMATION

This section must be completed. Please be certain to provide accurate information.

Form fields for personal information: First Name, Middle Name, Last Name, (Maiden/Other Last Name), Date of Birth, Street/P.O. Box, City, State, Zip Code, Primary Telephone Number, Secondary Telephone Number, Social Security Number, Primary Email Address, Secondary Email Address.

The following information is collected for the purposes of federal reporting requirements. Please provide responses for ethnicity, race and gender.

- 1. Ethnicity – Choose one
2. Race – Mark all that apply
3. Gender

SECTION 2. PERSONAL AFFIRMATION*

This section must be completed. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate response for each question. Do not include matters that the State Board of Education has previously 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 granting pre-trial diversion?
2. Have you ever 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?
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.)
4. Is there any action pending against your certification/license or application in another state?

- If you have answered "Yes" to question 1 or 2, please attach details of conviction, include date and location of conviction, and court certified copies of the judgment, conviction, and sentencing.
If you have answered "Yes" to question 3 or 4, please attach details naming the state and/or issuing authority and explain the circumstances.

SECTION 3. SIGNATURE AND DATE

This section must be completed.

Applicant Signature Date

SECTION 4. LICENSURE TRANSACTION REQUESTED

Please indicate the type(s) of licensure transaction(s) being requested. Mark all that apply.

Initial Licensure, Licensure Advancement, Licensure Renewal, Reactivating an Inactive License, Waiver or Permit, Additional Endorsement, JROTC, International Teacher Exchange License, Other:

APPLICATION FOR PERMIT TO TEACH IN TENNESSEE

THIS FORM IS COMPLETED BY SCHOOL SYSTEM/AGENCY

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 SYSTEM/AGENCY

**APPLICATION FOR PERMIT MUST BE SUBMITTED TO OFFICE OF TEACHER LICENSING
NO LATER THAN TWO (2) WEEKS FROM HIRE DATE**

TO BE COMPLETED BY SCHOOL SYSTEM/AGENCY

Requests for Permits MUST be submitted with copies of the advertisements posted in all of the following:

- 1. In the newspaper**
- 2. On the internet**
- 3. At the teacher training institutions**

_____ TN Public School System _____ TN Non-Public School/Agency _____ TN State Agency _____ TN Charter School

_____ 1st Year (Include ALL official college transcripts) _____ 2nd Year _____ 3rd Year

SCHOOL YEAR _____ HIRE DATE _____

System Name _____ System Number _____ School Number _____

School System Address _____
Street/PO Box _____ City _____ State _____ Zip Code _____

School System Phone Number _____ Name of School Assigned _____

Endorsement Title (s) _____ Endorsement Code (s) _____ Assignment Course Code(s) _____

(May obtain current endorsement code listing at http://www.tn.gov/education/licensing/endorsement_codes.shtml)

(May obtain current course code listing at <http://www.tn.gov/education/districts/correlations.shtml>)

TENNESSEE PUBLIC SCHOOL SYSTEM

In compliance with the public laws of Tennessee, we hereby certify that this school system is unable to secure a qualified teacher with a valid license for the type and kind of school in which the vacancy exists. We recommend that the above permit be issued

Signature of Director of Schools _____ Date _____

Signature of Board Chair _____ Date _____

Email address _____

Email Address _____

Human Resource Contact Name - Print _____

Human Resource Contact Signature _____ Date _____

Human Resource Contact Email Address _____

NON-PUBLIC SCHOOL/AGENCY/CHARTER SCHOOL

In compliance with the public laws of Tennessee, we hereby certify that this school/agency is unable to secure a qualified teacher with a valid license for the type and kind of school in which the vacancy exists. We recommend that the above permit be issued

Signature Authorized Official of School/Agency _____ Date _____

Signature of Director of School _____ Date _____

Email address _____

Email Address _____

TO BE COMPLETED BY TENNESSEE DEPARTMENT OF EDUCATION

COMMISSIONER OF EDUCATION

Final Action : _____ Approved _____ Not Approved