



Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 12<sup>th</sup> 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 with fields for First Name, Middle Name, 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, and 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 SCHOOL ADMINISTRATOR & INSTRUCTIONAL LEADER LICENSES**

**Please note:** ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSING AND THE TENNESSEE ACADEMY FOR SCHOOL LEADERS BECOME THE PROPERTY OF THE TENNESSEE 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 APPROPRIATE ENTITY.

APPLICANT NAME \_\_\_\_\_

LICENSE NUMBER (if applicable) \_\_\_\_\_

**Section 1 - Initial Licensure**

<b>TASL Registration</b> - Only complete this section if employed or if employment has been secured as an assistant principal, principal, or instructional supervisor in Tennessee.								
Provide information below to register for the Tennessee Academy for School Leaders.  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Employing School District/LEA</td> <td style="width: 50%; border-bottom: 1px solid black;">Position</td> </tr> <tr> <td style="border-bottom: 1px solid black;">TN Director of Schools (Signature)</td> <td style="border-bottom: 1px solid black;">TN Director of Schools (Print name)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name and Email Address of District Contact Person</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>			Employing School District/LEA	Position	TN Director of Schools (Signature)	TN Director of Schools (Print name)	Name and Email Address of District Contact Person	Date
Employing School District/LEA	Position							
TN Director of Schools (Signature)	TN Director of Schools (Print name)							
Name and Email Address of District Contact Person	Date							
<b>TASL Office Use Only:</b>								
TASL Director (or designee) Signature	Date							

Select the appropriate option, obtain required signatures, and submit documents as requested.

<b>Option 1 – Initial Licensure – Select one option</b>	
Option 1a is for candidates who have <u>completed or are enrolled in</u> an approved <u>Tennessee Instructional Leader Preparation Program</u>	
Option 1b is for candidates who have <u>completed a program</u> approved for administrator licensure <u>in a state other than Tennessee</u>	
<b>Submit applications to:</b> Office of Educator Licensing, Department of Education, 12 <sup>th</sup> Floor Andrew Johnson Tower, Nashville, TN 37243	

**1a (3 Steps) – Candidates prepared in Tennessee**

**Step 1:** Indicate license type (check one): \_\_\_\_\_ ILL-B \_\_\_\_\_ ILL-A (valid for assistant principal employment only)

**Step 2:** Obtain recommendation from approved preparation provider indicating all program requirements met (ILL-B) or currently enrolled in approved preparation program (ILL-A)

**Note to recommending agency:** By signing below, you are indicating that the above stated individual has met the currently approved expectations and requirements for a preparation program approved in Tennessee for licensure of instructional leaders/administrators (SBE Rule 0520-02-03). In addition, you certify, to the best of your knowledge, that the individual is at least 18 years of age and possesses good moral character (Tenn. Code Ann. § 49-5-101).

\_\_\_\_\_  
Educator Preparation Provider

Dean of Education (Print name)	Dean of Education (Signature)	Date
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Certification Officer (Print name)	Certification Officer (Signature)	Date
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\_\_\_\_\_  
Email Address of Contact Person

**Step 3:** Submit official transcripts for all universities and colleges attended to the TN Office of Educator Licensing

**1b (5 Steps) – Candidates prepared in a state other than Tennessee**

**Step 1:** Indicate license type (check one): \_\_\_\_\_ ILL-B \_\_\_\_\_ ILL-A (valid for assistant principal employment only)

**Step 2:** Demonstrate proof of completion of an approved out-of-state instructional leader preparation program. This may be achieved by one of the following:

- a) an out-of-state instructional leader/administrator license comparable to the ILL-B (valid, renewable and allows the individual to serve as a school principal), or
- b) a recommendation from an instructional leader/administrator preparation program approved in a state other than Tennessee for licensure of school principals.

**Please check one box below and submit requested information**

I have attached proof of a valid instructional leader/administrator license from a state other than Tennessee

**OR**

I have obtained the appropriate signatures and included information below certifying that I have completed all requirements for a preparation program approved for instructional leader/administrator licensure in a state other than Tennessee.

**Note to recommending agency:** By signing below, you are indicating that the above stated individual has met the currently approved expectations and requirements for a preparation program approved in a state other than Tennessee for licensure of instructional leaders/administrators (SBE Rule 0520-02-03). In addition, you certify, to the best of your knowledge, that the individual is at least 18 years of age and possesses good moral character (Tenn. Code Ann. § 49-5-101).

\_\_\_\_\_  
Educator Preparation Provider (Institution/Organization)

\_\_\_\_\_  
State Abbreviation

\_\_\_\_\_  
Regional Accrediting Agency

\_\_\_\_\_  
Preparation Program (Program Title)

\_\_\_\_\_  
Degree and Major (if applicable)

\_\_\_\_\_  
Program Completion Date

\_\_\_\_\_  
Title of Authorized Official (e.g. Director, Dean, or Certification Officer)

\_\_\_\_\_  
Name of Authorized Official

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**Step 3:** Submit official transcripts for all universities and colleges attended to the TN Office of Educator Licensing

**Step 4:** Verify at least 3 years (minimum of 25 months) of qualifying full-time education working experience.

**Select the method by which experience is verified (check one):**

- A completed Experience Verification Form (provided on the Office of Educator Licensing website) is attached to this application.
- I have confirmed that the TN Office of Educator Licensing has 3 years of qualifying experience on file, as reported by a Tennessee public school district.

**Step 5 (ILL-B only):** Submit passing scores on the School Leader Licensure Assessment (Praxis SLLA exam).

**Select the method by which scores have been submitted to the Office of Educator Licensing (check one):**

- A Designated Institution Score Report has been submitted by my educator preparation provider.
- Scores have been sent from ETS to the TN Department of Education (SSN must be provided to ETS).

**Section 2 - Licensure Renewal and Advancement**

**Option 2 – Renewal of License – Non-administrators** (not currently employed as Tennessee assistant principal, principal or instructional supervisor)

**Submit applications to:** Office of Educator Licensing, Department of Education, 12<sup>th</sup> Floor Andrew Johnson Tower, Nashville, TN 37243

**Check the license to be renewed:** \_\_\_\_\_ PAL \_\_\_\_\_ ILL-B \_\_\_\_\_ ILL-P \_\_\_\_\_ ILL-E

**Option 3 – Renewal (2 Steps) or Advancement (4 Steps) of License – Administrators** (currently employed as Tennessee assistant principal, principal or instructional supervisor)\*\*

**Submit applications to:** Tennessee Academy for School Leaders, Department of Education, 12<sup>th</sup> Floor Andrew Johnson Tower, Nashville, TN 37243

**Step 1:** Indicate licensure transaction

**Renewal – Renewing** (check one): \_\_\_\_\_ ILL-B \_\_\_\_\_ PAL \_\_\_\_\_ ILL-P \_\_\_\_\_ ILL-E

**Advancement – Advancing to** (check one): \_\_\_\_\_ PAL \_\_\_\_\_ ILL-P \_\_\_\_\_ ILL-E

**Step 2 (renewal and advancement):** Obtain Recommendation from the Director of Schools

**Director of Schools Recommendation:** Verification the administrator has met expectations on a state approved administrator evaluation model for at least the last two school years

\_\_\_\_\_ TN Director of Schools (Signature)

\_\_\_\_\_ TN Director of Schools (Print name)

\_\_\_\_\_ Date

**Step 3 (advancement only):** Attach completed/signed Professional Learning Plan

**Step 4 (advancement only):** Select the method by which advancement requirements have been met (check one):

TASL Beginning Administrator Induction Academy Pathway

Academy requirements completed (check one): \_\_\_\_\_ Assistant Principal \_\_\_\_\_ Principal \_\_\_\_\_ Supervisor

\_\_\_\_\_ Cohort Name

\_\_\_\_\_ Year of Completion

University Partnership Pathway - Obtain signatures and provide information below:

\_\_\_\_\_ Educator Preparation Provider

\_\_\_\_\_ Dean of Education or Certification Officer (Print name)

\_\_\_\_\_ Dean of Education or Certification Officer (Signature)

\_\_\_\_\_ Date

\_\_\_\_\_ Email Address of Contact Person

\*\* Licensed School Administrators employed in an approved TN non-public school must provide an Experience Verification Form (provided on the Office of Educator Licensing website), evidence of successful evaluations, and/or professional learning plan based upon TILS completed with a TN-approved instructional leader preparation program.

**TASL Office Use Only:** TASL Credit Verification: \_\_\_\_\_ Initials (TASL Director or designee)

Professional Learning Plan completed (if applicable): \_\_\_\_\_

\_\_\_\_\_ TASL Director Signature

\_\_\_\_\_ Date