



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.

First Name*	Middle Name*	Last Name*	(Maiden/Other Last Name)	
Date of Birth* (MM/DD/YYYY)	Street/P.O. Box*	City*	State*	Zip Code*
Primary Telephone Number* (999) 999-9999	Secondary Telephone Number (999) 999-9999		Social Security Number* 999-99-9999	
Primary Email Address*		Secondary Email Address		

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

- Ethnicity – Choose one Hispanic or Latino Not Hispanic or Latino
- Race – Mark all that apply American Indian or Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White
- Gender Male
 Female

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.

- Yes No 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?
- Yes No 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?
- 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 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
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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 RENEWAL OR ADVANCEMENT OF A TRANSITIONAL, INTERIM B OR INTERIM D LICENSE

Submit applications to:

Office of Educator Licensing, Department of Education, 710 James Robertson Parkway, 12th Floor Andrew Johnson Tower, Nashville, TN 37243

Please note: ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSING 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 _____

Renewal or Advancement of a Transitional, Interim B or Interim D License

This application is for educators holding an active Transitional, Interim B or Interim D License who meet requirements to renew or advance the license. The license will be converted to the Practitioner License if renewal requirements are met or advanced to the Professional License if advancement requirements are met. In order to advance, educators must have earned qualifying scores on all required Praxis exams, completed an educator preparation program, have at least 3 years of acceptable experience, and either submit documentation verifying accrual of 30 Professional Development Points or obtain a Director of Schools signature recommending the educator for licensure advancement. If the educator does not qualify for advancement, the Office of Educator Licensing will evaluate materials submitted to determine if the license will be converted to the first or second issuance of the Practitioner License.

Step 1: Indicate license type: _____ Transitional (Complete steps 2,3 & 4 for renewal and also step 5 if applying to advance)
_____ Interim B (Complete steps 2 & 3 for renewal and also step 5 if applying to advance)
_____ Interim D (Complete steps 2, 3 & 4 for renewal and also step 5 if applying to advance)

Step 2: Submit qualifying scores (not more than 5 years old) on all state-required specialty area assessments to the Office of Educator Licensing. If assessments have either not been taken or passed, please indicate below.

Select the most applicable statement:

- Scores on required content assessments have been sent from ETS to the TN Department of Education (SSN must be provided to ETS).
- Qualifying scores on required content assessments (not more than 5 years old) are on file with the Office of Educator Licensing.
- A Designated Institution Score Report has been submitted by my educator preparation provider.
- There are no required content assessments for my endorsement area (e.g. Social Worker or Dance).
- I have either not taken or have taken and not passed required content assessments.

Step 3: Submit an experience verification form for any teaching experience that is not already on file with the Office of Educator Licensing.

Yes No Experience verification form for additional experience not on file with Office of Educator Licensing attached

Step 4: Verify enrollment or completion of an approved educator preparation program (Only for reactivating an Interim D or Transitional License).

TO BE COMPLETED BY AN APPROVED EDUCATOR PREPARATION PROVIDER

Please check one box below and submit requested information

- I certify the above stated individual is **currently enrolled in** an approved educator preparation program.
- OR
- I certify that the above stated individual **has completed all requirements** for an educator preparation program approved for licensure in Tennessee
- OR
- I certify that the above stated individual **has completed all requirements** for an educator preparation program approved for licensure in a state other than Tennessee

Note to recommending agency: By signing below, you are indicating that the above stated individual is either currently enrolled in OR has completed all requirements for an educator preparation program approved in Tennessee (SBE Rule 0520-02-03a) OR has completed all requirements for an educator preparation program approved in a state other than Tennessee. 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

State (if applicable)

Dean of Education (Print name)

Dean of Education (Signature)

Date

Certification Officer (Print name)

Certification Officer (Signature)

Date

Email Address of Contact Person

Phone Number of Contact Person

Step 5 (Required for Advancement): Submit PDP computation sheet verifying 30 Professional Development Points were accrued during the validity period of the license **OR** obtain the signature of the Director of Schools in the employing school district recommending licensure advancement. If not currently employed by a TN public school district, documentation supporting each PDP activity listed on the computation sheet must also be included.

PDP Computation sheet attached demonstrating evidence of 30 Professional Development Points accrued during the validity period of the active license

OR

I have obtained the signature of a Director of Schools (below) recommending my license be advanced to the Professional License.

Note to recommending individual: By signing below, you are indicating that you are recommending the above stated individual for advancement to the Professional License.

LEA Name

Date

Director of Schools (Print Name)

Director of Schools (Signature)

Professional Development Point Computation Form

First Name	Middle Name	Last Name
Social Security Number	Primary Email Address	Phone Number

Educators earn professional development points (PDPs) to advance (a total of 30) or renew (a total of 60) a license. The following table provides information about how PDPs are earned.

Type of Activity	PDPs Awarded	Required Documentation
Training (Academy/Institute/Seminar/Conference)	1 clock hour = 1 PDP 1 continuing education unit = 5PDPs	Certificate of completion, Transcript OR Verification form signed by the Director of Schools (or designee)
College/University Coursework	1 semester hour credit = 10 PDPs	Transcript
Overall Evaluation Score from TN-approved evaluation model	Overall Score of 5 = 20 PDPs Overall Score of 4 = 15 PDPs Overall Score of 3 = 10 PDPs	This information is maintained by TDOE. Educators are not required to submit any documentation. PDPs based on overall evaluation scores may be accrued on an annual basis.
National Board Certification	30 PDPs	Official documentation from NBPTS

**All activities completed must be placed on the computation sheet. More than one sheet may be needed.
No attached lists and/or documents will be accepted in lieu of computation sheet.
Duplicate activities may not be listed more than once.**

Part 1: Identify Overall Evaluation Scores from TN-approved Evaluation Model

**** All scores must be in the state database. Scores will be verified by the department. No scores prior to the 2011-12 school year will be accepted. ****

School Year Accrued	Overall Score	Points accrued

For Office of Educator Licensing Staff Use Only. Educator Evaluation Score(s) Verified. Initial: _____ Date: _____

Part 2: Identify and Training, Coursework, or National Board Certifications

****If entering information in this section please complete part 3 or 4****

Type of Activity (Example: Academy, Conference, Institute, Seminar)	Name of Activity	Date(s) Attended (Must include the year)	Points accrued for the activity type

Page Total: _____ **Grand Total:** _____

Educator Name: _____ License Number: _____

Part 3: To be Completed by Applicant and Person Responsible for Local Evaluation

THIS PORTION IS TO BE COMPLETED IF THE APPLICANT IS **EMPLOYED** IN A TENNESSEE PUBLIC SCHOOL AT TIME OF APPLICATION

Applicant and Evaluator must initial ALL statements.

Applicant Initials _____ _____ _____ _____	Evaluator Initials _____ _____ _____ _____	<p>The activities listed were completed during the period I supervised the applicant (if applicable). These activities were not part of the state funded in-service days and were not conducted during days/hours which the educator was already being paid by the local evaluation agency. (Exception: Activities completed on personal/professional days for TN public school educators.) I attest that the listed activities relate to the needs of the educator as identified through the evaluation process. I attest that none of the listed activities were submitted as part of the last renewal requirements. I maintain a file which contains supporting documentation of the above activities.</p>
_____ Signature of Applicant		_____ Date of Signature
_____ Name of Tennessee school employed by at time of application		
_____ Signature of Person Responsible for Evaluation		_____ Date of Signature
_____ Title and School System	_____ Email Address	_____ Phone Number

Part 4: To be Completed by Applicant if not employed in a Tennessee Public School

THIS PORTION IS TO BE COMPLETED IF THE APPLICANT **IS NOT EMPLOYED** IN A TENNESSEE PUBLIC SCHOOL AT TIME OF APPLICATION

Applicant must initial appropriate statements (Must be done on all pages if multiple computation forms are needed.)

Applicant Initials _____ _____	<p>I am not currently employed in a Tennessee public school.</p> <p>I have attached supporting documentation for all activities listed above. (Documentation should be signed and include the name of the authorized official, contact information, date, and hours of participation). No more than two (2) pages per activity will be accepted.</p>	
_____ Signature of Applicant		_____ Date of Signature