

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF EDUCATOR LICENSING
710 JAMES ROBERTSON PARKWAY 12TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

PRINT CLEARLY - Please use Black Ink to ensure scanned application is legible - provide full name - include any aliases					
United States SSN - required	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 - Must provide to receive notification of license issuance			Cell Phone Number/Alternate Phone Number	

INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY & RACE

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. (Check and complete following page(s) if applicable)

CHOOSE TYPE OF INITIAL TENNESSEE LICENSE DESIRED

(THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NEVER HELD A TENNESSEE LICENSE OR DESIRING ADDITIONAL LICENSE TYPE)

_____ INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) circle one

_____ OUT OF STATE LICENSE (Program completers outside of TN / USA or applying based upon interstate agreement)

_____ NON-PUBLIC SCHOOL LICENSE (Employment verification required)

_____ TRANSITIONAL LICENSE (Requires signature from TN Director of Schools and verification from approved institution/agency)

_____ INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education/Certification Officer at teacher preparation institution)

_____ INTERIM "D" LICENSE (Internship) (Requires signature of Dean of Education at teacher preparation institution)

_____ OCCUPATIONAL EDUCATION LICENSE (Apprentice Occupational)

_____ 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 (Requires signature from TN Director of Schools)

_____ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST

_____ NATIONAL BOARD CERTIFICATION

ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LEVEL LICENSE

ONLY APPLICABLE IF HELD A PREDECESSOR TENNESSEE LICENSE

_____ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel) circle one

_____ ADVANCEMENT FROM ALTERNATIVE "A" or ALTERNATIVE "C" OR ALTERNATIVE "E" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one

_____ ADVANCEMENT FROM INTERIM "B" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one

_____ ADVANCEMENT FROM INTERIM "D" TO APPRENTICE LEVEL

_____ ADVANCEMENT FROM ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one

_____ ADVANCEMENT FROM TRANSITIONAL (Interim B, Apprentice or Professional) circle one

_____ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE

_____ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)

_____ ADVANCEMENT TO PROFESSIONAL LEVEL ADMINISTRATOR LICENSE

RENEWAL OF OR AMENDMENT TO AN EXISTING LICENSE

ONLY APPLICABLE IF AMENDING AN EXISTING TENNESSEE LICENSE

_____ RENEWAL OF LICENSE (Check one)

_____ 5 Year License (Apprentice/Apprentice Special Group/Out of State) _____ JROTC _____ 10 Year License (Professional/Professional Special Group)

_____ Administrator License (Beginning/Professional) _____ 5 Year Apprentice Occupational License _____ 10 Year Professional Occupational License

_____ Alternative A (Speech Lang. only) _____ Interim B _____ Interim D _____ Transitional _____ National Board Certification

_____ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)

_____ Masters Degree _____ Master's Degree +30 semester graduate hours _____ Education Specialist _____ 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) Social Security card n/a

_____ ADDRESS CHANGE NOTIFICATION

**APPLICATION FOR LICENSURE ADVANCEMENT
FOR EDUCATORS EMPLOYED IN TENNESSEE NON-PUBLIC SCHOOLS
SCHOOL YEAR 2014 - 2015**

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 ADMINISTRATOR

TO BE COMPLETED BY SCHOOL

School Name _____ Category _____ Phone Number _____

School System Address _____
Street City State Zip Code

NOTE - IF EDUCATOR WAS PLACED ON WAIVER FOR CURRENT SCHOOL YEAR - NOT ELIGIBLE FOR ADVANCEMENT

Check License Type _____ Apprentices _____ Apprentices Special Group _____ Out of State _____ Expiration Date _____
mm/dd/yyyy

Identify subject area with endorsement codes(s) for which observation was conducted.

_____ Elementary Grade/Subject _____ Endorsement Code

_____ Secondary Course Title/Subject _____ Endorsement Code

Verification of Experience _____ Years _____ Months _____ Days (3 years of verified experience required)

NOTE: Experience verification form must be attached to application.

Evaluation model:
(select one)

_____ TEAM _____ TEM _____ TIGER _____ COACH _____ Framework _____ Approved Charter Model _____
(non-public only) (charter only) (please specify)

Printed Name of Evaluator _____

Signature of Evaluator _____

Evaluator's Social Security Number _____ Title _____ Date of Training _____

Recommendation Level

The above educator has been evaluated and meets the required competency level for all designated domains and is recommended for advancement to the Professional License: _____ YES _____ NO

Principal's Signature _____ Date _____ (REQUIRED)

Authorized Official/Board Member Signature _____ Date _____ (REQUIRED)

Contact Name _____ Contact Email address _____ (REQUIRED)

Contact Phone Number _____ Contact Fax Number _____ (REQUIRED)

TL Use Only

Evaluator _____ Name/SSN _____ License/Endorsement _____ Experience _____
Recommended _____ Authorized Official Signature _____ Returned to School _____ Issued _____