

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 ADJUNCT TEACHING LICENSE

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 APPLICANT

INITIAL ADJUNCT TEACHING LICENSE

INITIAL LICENSE - TO BE COMPLETED BY THE COLLABORATING ORGANIZATION

_____ INITIAL ADJUNCT LICENSE APPLICATION

_____ The applicant has a Masters degree in the subject area or a Bachelors degree with at least 24 semester hours of college credit in subject area.

_____ Official transcripts are included with application (Required for all initial applications)

_____ Official transcripts are on file in the Office of Educator Licensing

_____ The applicant has completed the pre-service portion of adjunct licensure program that will incorporate the eleven (11) professional education standards with a focus on the TEAM evaluation model.

_____ The applicant has five years of experience in the subject area

Signature of Head of Collaborating Organization

Title

Date

TO BE COMPLETED BY DIRECTOR OF SCHOOLS

The applicant will be employed during the school year _____ to _____, and will be given the support of one or more mentor teachers during this year.

Endorsement Title(s)

Endorsement Code(s)

Name of School System

Name of School Assignment

Signature of Director of Schools

Date

RENEWAL OF ADJUNCT TEACHING LICENSE

_____ RENEWAL OF ADJUNCT LICENSE _____ NUMBER OF RENEWAL(S) (Can be renewed up to 9 times)

_____ The applicant has passed the required PLT test and Praxis II specialty area test(s) required for teaching the subject.

TO BE COMPLETED BY DIRECTOR OF SCHOOLS

The applicant will be employed during the school year _____ to _____, and will be given the support of one or more mentor teachers during this year.

Endorsement Title(s)

Endorsement Code(s)

Name of School System

Name of School Assignment

Signature of Director of Schools

Date