

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

PRINT CLEARLY - Please 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 - where we can contact you if applicable			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. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

- 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
- 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
- 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
- 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

_____ DUPLICATE LICENSE (Current valid Tennessee license only) (Requires second page of application to be notarized)

