

APPLICATION FOR INITIAL TEACHING LICENSE OR ADDITIONAL ENDORSEMENT

THIS FORM IS COMPLETED BY TENNESSEE INSTITUTIONS ONLY

Both pages of application must be completed and submitted for Initial License or Additional Endorsement.

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 INSTITUTION

List all degrees obtained by applicant and include an official transcript for each with the application.

Degree(s)	Date Degree(s) Conferred	Name of Institution

INITIAL LICENSE - TO BE COMPLETED BY A TENNESSEE INSTITUTION ONLY

PROGRAM COMPLETED (Endorsement Title)	ENDORSEMENT CODE	DATE COMPLETED

PRACTICAL EXPERIENCE (Required for program completion)

Enhanced Student Teaching Semester Internship (full-year)(Teacher License)
 Teaching Experience in lieu of student teaching Practicum/Internship (Administrative or Special Group License)

(verification of successful teaching experience must be enclosed with application)

PRAXIS REQUIREMENTS (Official Praxis scores must be sent directly by ETS or enclosed with this application)

NOTE: The Office of Teacher Licensing will accept the Designated Institution Score Report submitted by the college/university.

Check one of the following:

Applicant has provided Social Security Number to ETS and requested scores be sent directly to Tennessee Department of Education.
 Designated Institution Score Report enclosed.

INSTITUTION RECOMMENDATION: I certify that the above stated individual is at least 18 years of age and possesses good moral character. This applicant has satisfactorily completed the approved teacher education program including required practical experience in the specific area(s) of endorsement, has the NTE/PRAXIS test scores meeting minimum license requirements, and is recommended as having adequate teaching competencies in the certified area.

Name of Institution

 Signature of Dean of Education Date Signature of Certification Officer Date

ADDITIONAL ENDORSEMENT AREA(S) TO BE COMPLETED BY A TENNESSEE INSTITUTION ONLY

ADDING ADDITIONAL ENDORSEMENTS

Endorsement Title	Endorsement Code	Date of Completion	Hours Completed

 Name of Tennessee Institution Signature of Authorized Official Date

Application must be accompanied by A COMPLETE SET OF OFFICIAL TRANSCRIPTS documenting the recommendation for initial licensure or additional endorsement.