

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)

RENEWAL OF APPRENTICE OCCUPATIONAL EDUCATION 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

TO BE COMPLETED BY APPLICANT

Apprentice license holders with less than 3 years teaching experience within five year validity period of the license.

MUST SUBMIT:

- _____ FULL-TIME EMPLOYMENT VERIFICATION
- _____ OFFICIAL TRANSCRIPT REFLECTING ONE INDUSTRIAL OR PROFESSIONAL EDUCATION COURSE
- _____ INDUSTRY CERTIFICATION
- ___ Trade & Indu ___ Cosmetology and/or Barbering Instructor ___ Registered Nurse or Allied Health

Apprentice license holders with 3 years teaching experience within five year validity period of license.

MUST SUBMIT:

- _____ NEGATIVE ADVANCEMENT RECOMMENDATION
- _____ OFFICIAL TRANSCRIPT REFLECTING ONE INDUSTRIAL OR PROFESSIONAL EDUCATION COURSE
- _____ INDUSTRY CERTIFICATION
- ___ Trade & Indu ___ Cosmetology and/or Barbering Instructor ___ Registered Nurse or Allied Health