

# TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

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

<b>PRINT CLEARLY - Please provide full name - include any aliases</b>					
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)

**APPLICATION FOR ALTERNATIVE TYPE II 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 SCHOOL SYSTEM**

**RENEWAL OF ALTERNATIVE TYPE II LICENSE**

**TO BE COMPLETED BY SCHOOL SYSTEM**

**THE FOLLOWING ITEM IS REQUIRED UPON SUBMISSION OF RENEWAL REQUEST**

Program of Study (Individualized Plan) as defined and prepared by the Certification Officer or Dean of Education at an approved institution  
attach at each renewal

**IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20\_\_\_\_ - 20\_\_\_\_ IN THE FOLLOWING AREA:**

PREK  ELEMENTARY  MIDDLE  SECONDARY/SUBJECT \_\_\_\_\_  SECONDARY/SUBJECT \_\_\_\_\_  
(K-6) (4-8) (7-12) (K-12)

**By checking & signing this application I am attesting that this educator has met, and our school system has on file evidence of:**

Admittance to and/or enrollment in an approved alternative licensure program

**AND**

Evidence of successfully completing the equivalency of three hours of course work from Program of Study

**AND**

Taken all required Praxis II examinations (except PLT) for endorsement(s) sought.

**OR**

Verification from Certification Officer or Dean of Education that the only deficiency is experience.

\_\_\_\_\_  
Name of School System

\_\_\_\_\_  
Signature of Director of Schools

\_\_\_\_\_  
Date

**ADVANCEMENT TO APPRENTICE OR PROFESSIONAL LEVEL LICENSE**

**TO BE COMPLETED BY SCHOOL SYSTEM**

**THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ADVANCEMENT:**

Required Praxis tests must be sent directly from ETS to TN Department of Education (SSN must be provided to ETS)

Official transcripts identifying any additional course work

Verification of professional core (attach copy of Program of Study)

**RECOMMENDATION TO ADVANCE TO THE APPRENTICE LEVEL LICENSE**

Verification of minimum of two years successful teaching experience (must have successfully completed local evaluation)

**RECOMMENDATION TO ADVANCE TO THE PROFESSIONAL TEACHER LICENSE**

Verification of three years successful teaching experience (must have successfully completed local evaluation)

\_\_\_\_\_  
Signature of Director of Schools

\_\_\_\_\_  
Date