



Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 11th Floor - Nashville, TN 37243

The information on this page must accompany any request for licensure transactions in the State of Tennessee. Please complete using black ink. Required items are identified with an asterisk (*). **The personal affirmation section must be completed.**

SECTION 1. CONTACT AND DEMOGRAPHIC INFORMATION

This section must be completed. Please be certain to provide accurate information.

First Name*	Middle Name*	Last Name*	(Maiden/Other Last Name)	
Date of Birth* (MM/DD/YYYY)	Street/P.O. Box*	City*	State*	Zip Code*
Primary Telephone Number* (999) 999-9999	Secondary Telephone Number (999) 999-9999		Social Security Number* 999-99-9999	
Primary Email Address*		Secondary Email Address		

The following information is collected for the purposes of federal reporting requirements. Please provide responses for ethnicity, race and gender.

- Ethnicity – Choose one Hispanic or Latino Not Hispanic or Latino
- Race – Mark all that apply American Indian or Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White
- Gender Male
 Female

SECTION 2. PERSONAL AFFIRMATION*

This section must be completed. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate response for each question. Do not include matters that the State Board of Education has previously investigated and found “No Probable Cause” to take any disciplinary action.

- Yes No 1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of *nolo contendere* or granting pre-trial diversion?
- Yes No 2. Have you ever 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 to expire does not apply.)
- Yes No 4. Is there any action pending against your certification/license or application in another state?

- If you have answered “Yes” to question 1 or 2, please attach details of conviction, include date and location of conviction, and court certified copies of the judgment, conviction, and sentencing.
- If you have answered “Yes” to question 3 or 4, please attach details naming the state and/or issuing authority and explain the circumstances.

SECTION 3. SIGNATURE AND DATE

This section must be completed.

Applicant Signature	Date
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SECTION 4. LICENSURE TRANSACTION REQUESTED

Please indicate the type(s) of licensure transaction(s) being requested. Mark all that apply.

Initial Licensure Additional Endorsement Waiver or Permit

APPLICATION FOR PRACTITIONER OCCUPATIONAL TEACHER LICENSE OR ADDING ENDORSEMENT

Please note: ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSING BECOME THE PROPERTY OF THE TENNESSEE 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 APPROPRIATE ENTITY.

APPLICANT NAME _____ LICENSE NUMBER _____

Please note: Additional requirements or exemptions may apply for specific endorsement areas. Please review State Board Rule 0520-02-03 and Policy 5.502 for this information.

Submit applications to: Division of College, Career and Technical Education Licensing, Department of Education, 11th Floor Andrew Johnson Tower, Nashville, TN 37243

Educators seeking to add additional endorsements to their license may submit this form, along with any supporting documents to add endorsements to their current license. **ONLY OCCUPATIONAL ENDORSEMENTS CAN BE ADDED TO AN OCCUPATIONAL LICENSE.**
Please note: Additional requirements or exemptions may apply for specific endorsement areas. Please review State Board Rule 0520-02-03 and Policy 5.502 for this information.

↓ **Step 1 (all applicants): Select the type of endorsement(s) for which you wish to be considered:**

X= Selection	Endorsement Name	Endorsement Code
	Automotive	770
	Aviation Ground School	774
	Barbering	780
	Broadcasting	710
	Carpentry	706
	Collision Repair	771
	Concrete/Masonry	702
	Cosmetology	781
	Culinary Arts	730
	Distribution and Logistics	776
	Drafting/CAD	700
	Electrical	701

X= Selection	Endorsement Name	Endorsement Code
	Fire Safety	751
	Graphic Design	711
	HVAC	707
	Health Informatics	721
	Health Science	720
	Information Technology	740
	Legal and Protective Services	750
	Manufacturing	760
	Plumbing	703
	Programming	742
	Public Health	722
	Welding	705

↓ **Step 2 (for new applicants only):** Demonstrate proof of admittance into or completion of an approved educator preparation program. Proof of enrollment and completion will be verified by the department of education. The educator must provide information below regarding the educator preparation program in which they are enrolled or have completed. (SBE Policy 5.502)

Educator Preparation Provider (Institution/Organization)

Preparation Program (Program Title)

↓ **Step 3 (all applicants):** Submit current/valid industry certification, where required by teacher endorsement area to the Division of College, Career and Technical Education Licensing.

↓ **Step 4 (new applicants):** Submit official transcripts for high school or universities and colleges attended to the Division of College, Career and Technical Education Licensing or **(adding endorsement only)** submit verification of work experience form or official transcripts for high school or universities and colleges attended to the Division of College, Career and Technical Education Licensing

↓ **Step 5 (all applicants):** Submit verification of work experience on the Verification of Occupational Work Experience form or original letters on company letterhead verifying work experience. Verification sheets must be notarized.

↓ **Step 6 (all applicants):** Submit the Occupational Qualification sheet.

Department of Education Licensing Staff Only:

The individual successfully meets the criteria for licensure and has the approval of the Department of Education to be recommended by an educator preparation program.

Licensure Consultant

Date
