



Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 12th 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 Licensure Advancement Licensure Renewal Reactivating an Inactive License Waiver or Permit
 Additional Endorsement JROTC International Teacher Exchange License Other: _____

APPLICATION FOR ADJUNCT TEACHING 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

INITIAL ADJUNCT TEACHING LICENSE

INITIAL LICENSE - TO BE COMPLETED BY THE COLLABORATING ORGANIZATION

_____ INITIAL ADJUNCT LICENSE APPLICATION

_____ The applicant has a Masters degree in the subject area or a Bachelors degree with at least 24 semester hours of college credit in subject area.

_____ Official transcripts are included with application (Required for all initial applications)

_____ Official transcripts are on file in the Office of Educator Licensing

_____ The applicant has completed the pre-service portion of adjunct licensure program that will incorporate the eleven (11) professional education standards with a focus on the TEAM evaluation model.

_____ The applicant has five years of experience in the subject area

Signature of Head of Collaborating Organization

Title

Date

TO BE COMPLETED BY DIRECTOR OF SCHOOLS

The applicant will be employed during the school year _____ to _____, and will be given the support of one or more mentor teachers during this year.

Endorsement Title(s)

Endorsement Code(s)

Name of School System

Name of School Assignment

Signature of Director of Schools

Date

RENEWAL OF ADJUNCT TEACHING LICENSE

_____ RENEWAL OF ADJUNCT LICENSE _____ NUMBER OF RENEWAL(S) (Can be renewed up to 9 times)

_____ The applicant has passed the required PLT test and Praxis II specialty area test(s) required for teaching the subject.

TO BE COMPLETED BY DIRECTOR OF SCHOOLS

The applicant will be employed during the school year _____ to _____, and will be given the support of one or more mentor teachers during this year.

Endorsement Title(s)

Endorsement Code(s)

Name of School System

Name of School Assignment

Signature of Director of Schools

Date