

APPLICATION FOR INTERIM TYPE "B" 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

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| INITIAL ISSUANCE OF INTERIM TYPE "B" LICENSE | | | |
| OFFICIAL TRANSCRIPTS | | | |
| OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE SUBMITTED | | | |
| _____ Official transcripts from all institutions are enclosed. | | _____ All transcripts are on file in the Office of Teacher Licensing | |
| TO BE COMPLETED BY DIRECTOR OF SCHOOLS | | | |
| _____ Attached verification from Dean of Education that approved program for endorsement area, including required practical experience, has been completed by the applicant and that only the required praxis test(s) remain to taken/passed. | | | |
| LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT | | | |
| ENDORSEMENT TITLE | | ENDORSEMENT CODE | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA: | | | |
| _____ PRE-K | _____ ELEMENTARY (K-6) | _____ MIDDLE (4-8) | _____ SECONDARY (If secondary, give the subject area _____) (7-12) |
| I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant. | | | |
| School System | Signature of Director of Schools | Phone Number | Date |

NOTE: OFFICIAL TRANSCRIPTS OR VERIFICATION FROM INSTITUTION DOES NOT NEED TO BE RESUBMITTED FOR RENEWAL.

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| RENEWAL OF INTERIM TYPE "B" LICENSE | | | |
| TO BE COMPLETED BY DIRECTOR OF SCHOOLS | | | |
| LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT | | | |
| ENDORSEMENT TITLE | | ENDORSEMENT CODE | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA: | | | |
| _____ PRE-K | _____ ELEMENTARY (K-6) | _____ MIDDLE (4-8) | _____ SECONDARY (If secondary, give the subject area _____) (7-12) |
| I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant. | | | |
| School System | Signature of Director of Schools | Phone Number | Date |

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| ADVANCEMENT TO APPRENTICE LEVEL LICENSE | | | |
| _____ ADVANCE FROM INTERIM TYPE "B" TO FULL TEACHING LICENSE (Apprentice, Apprentice Special Group or Out of State) (Praxis scores must be submitted to advance) | | | |
| _____ Designated Institution Score Report submitted by college/university, or _____ directly from ETS. | | | |