

# 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 LICENSURE ADVANCEMENT  
FOR EDUCATORS EMPLOYED IN TENNESSEE PUBLIC SCHOOLS  
SCHOOL YEAR 2011-2012**

**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.

**ALL APPLICATIONS MUST BE SENT TO FIELD SERVICE CENTER DIRECTOR FOR APPROVAL  
INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE FIELD SERVICE CENTER**

**TO BE COMPLETED BY TENNESSEE PUBLIC SCHOOL SYSTEM**

School Name \_\_\_\_\_ Phone Number \_\_\_\_\_

School System \_\_\_\_\_ Phone Number \_\_\_\_\_

School System Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NOTE - IF EDUCATOR WAS PLACED ON WAIVER FOR CURRENT SCHOOL YEAR - NOT ELIGIBLE FOR ADVANCEMENT**

**Identify subject area with endorsement codes(s) for which observation was conducted.**

Check License Type \_\_\_\_\_ Apprentice \_\_\_\_\_ Apprentice Special Group \_\_\_\_\_ Out of State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_ Grades K-6 \_\_\_\_\_ Endorsement Code  
\_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Endorsement Code  
\_\_\_\_\_ Grades 9-12 \_\_\_\_\_ Endorsement Code

**Verification of Experience** \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days (3 years of verified experience required)

**Evaluated by** \_\_\_\_\_ **Principal/Supervisor**  
Signature of Evaluator \_\_\_\_\_ (Please circle one)

**Recommendation Level**

The above educator has been evaluated according to current state requirements and is recommended for advancement to the Professional License.  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Field Service Center Staff/Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO FIELD SERVICE CENTER BY JUNE 15, 2012**

**TL Use Only**

Evaluator \_\_\_\_\_ Name/SSN \_\_\_\_\_ License/Endorsement \_\_\_\_\_ Experience \_\_\_\_\_  
Recommended \_\_\_\_\_ Authorized Official Signature \_\_\_\_\_ Returned to FSC \_\_\_\_\_ Issued \_\_\_\_\_