

WAIVER APPLICATION - School Year 2011-2012



SUBMIT APPLICATION WITH ORIGINAL SIGNATURE NO LATER THAN **THIRTY DAYS** FOLLOWING THE PLACEMENT OF TEACHER FOR WHICH WAIVER IS BEING REQUESTED.

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| <p>Check one: <input type="checkbox"/> EMPLOYMENT STANDARD WAIVER (Apprentice or Professional Licensed Teacher lacking Endorsement/s for Assignment/s.) <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year (Special Education only)</p> | <p>Mail: Public School/Non-Public and State Special school personnel waivers to Office of School Approval, 6th Floor Andrew Johnson Tower, 710 James Robertson Pkwy, Nashville, TN 37243-0376.</p> |
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HIGHLY QUALIFIED TEACHER: is defined as a core academic teacher holding a Bachelor's Degree and Teacher's License (no requirements waived) and meeting content requirements for grade/subject area.

NEW HIRE: A teacher employed in your system.

COMPLETE FOR FIRST YEAR APPLICANTS ONLY

1. New hire: Yes No Date hired _____
2. Title I School or Targeted Assistance Program (Pull-Out): Yes No
3. Core Academic Subject: Yes No

COMPLETE FOR ALL APPLICANTS

1. Name _____
2. Social Security #: _____
3. TN License #: _____
4. Expiration Date: _____
5. Certificate Type/s _____
6. Endorsement/s: _____
7. School System: _____
8. System #: _____
9. School Name: _____
10. School #: _____
11. Position to be filled: _____
12. Grade Level/s: _____
13. **Date teacher placed in position for which waiver is being requested:** _____
14. Request for **FIRST YEAR WAIVER MUST** be submitted with copies of the advertisements posted in **ALL** of the following:

- 1) In the newspaper
- 2) On the internet
- 3) At the teacher training institution/s

The school system is requesting a waiver of **Rules, Regulations, and Minimum Standards 0520-1-2.03(1)** [Employment Standards], "A teacher or principal shall hold a valid Tennessee Teacher License with an endorsement covering the work assignment."

It is the responsibility of each applicant to check with the Office of Teacher Licensing or the college/university in which enrolled for the specific course requirements the applicant must complete to obtain the required endorsement. Approval of this application is not approval of the official coursework outline or the program of studies for becoming endorsed. Approval of this application is not a waiver of the requirements for a specific endorsement or years of experience requirements of **Rules, Regulations and Minimum Standards 0520-2-4** (Licensure).

15. Has the applicant been issued an interim/transitional license for the current year? Yes No
 If yes, check type: Interim B Interim D Transitional

NOTE: First year waivers are required to submit an official copy of the work study from the university/college that applicant will be attending to obtain add on endorsement. Second and third year waivers, are required to submit a copy of the completed work toward endorsement.

16. **Additional Endorsement by Praxis Test Only** _____ **Registration Date of Praxis Test** _____
17. _____ If this waiver is requested for the FIRST YEAR, enter the total hours required for applicant to become endorsed in _____
 (Hours) (Endorsement code)
 Enter the four- digit course code(s) indicating the course(s) to be taught with this waiver: _____
 (code) (code) (code) (code) (code)
18. _____ If this waiver is requested for the SECOND YEAR, enter the total hours COMPLETED since the first waiver was granted in: _____
 (Hours) (Endorsement code)
 Enter the four- digit course code(s) indicating the course(s) to be taught with this waiver: _____

NOTE: Second year waivers will be considered only if the applicant has completed coursework on the official coursework outline or the program of studies after the date waiver was requested and prior to the beginning of the new school year.

THIRD YEAR WAIVER – SPECIAL EDUCATION ONLY

19. _____ If this waiver is requested for the THIRD YEAR, enter the total hours COMPLETED since the second waiver was granted in:
(Hours)

(Endorsement code)

Enter the four- digit course code(s) indicating the course(s) to be taught with this waiver: _____
(code) (code) (code) (code) (code)

NOTE: Third year waivers will be considered only if the applicant has completed coursework on the official coursework outline or the program of studies after the date waiver was requested and prior to the beginning of the new school year.

20. I certify that I plan to take the coursework to become fully endorsed in the position that I now occupy.

Date

Signature of Applicant

21. In compliance with the public laws of Tennessee, I hereby certify that this school system is unable to secure a highly qualified teacher, for the type and kind of school in which the vacancy exists. I recommend that the above requested waiver be issued.

Director's Signature (Public School System)
Principal/Headmaster's Signature (Non-Public Schools)

(SEAL)
Sworn and subscribed to before me, this _____ day of _____, 20____

Notary Public Signature

22. **SYSTEM CONTACT PERSON FOR WAIVER INFORMATION:** Name/Title: _____
Telephone Number: _____
Email Address: _____

SDE ONLY

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|--|-----------------|----------------|--------------------|
| Director/Coordinator/Consultant: | Recommendation: | Approval _____ | Non-Approval _____ |
| Assistant Commissioner/Executive Director: | | | |
| Stamp date received _____ | Recommendation: | Approval _____ | Non-Approval _____ |
| _____ Assistant Commissioner's/Executive Director's Signature | | _____ Date | |

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|--|-----------------------------------|
| Commissioner: | |
| Final Action: | Approval _____ Non-Approval _____ |
| _____ Commissioner's Signature, State Department of Education | _____ Date |