

# TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF EDUCATOR LICENSING

710 JAMES ROBERTSON PARKWAY 12TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

<b>PRINT CLEARLY - Please use Black Ink to ensure scanned application is legible - 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
Telephone Number - include area code		E-mail address - <b>Must provide to receive notification of license issuance</b>		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.**

1. 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
2. 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
3. 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
4. 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 \_\_\_\_\_**

**DEACTIVATION OF OCCUPATIONAL ENDORSEMENT REQUEST**

**Must submit the following to request the deactivation of an occupational endorsement:**

\_\_\_\_\_ Notarized letter requesting deactivation from principal and CTE Director  
 \_\_\_\_\_ Notarized deactivation request form

**TO BE COMPLETED BY NOTARY**

State of \_\_\_\_\_, \_\_\_\_\_ County \_\_\_\_\_ personally appeared  
 \_\_\_\_\_  
 (Applicant)  
 before me, \_\_\_\_\_, a Notary Public in and for said County. Sworn and subscribed before me  
 \_\_\_\_\_  
 (Name of Notary)  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. Place Notary Seal here.

\_\_\_\_\_  
 (Notary Signature)

**REACTIVATION OF OCCUPATIONAL ENDORSEMENT REQUEST**

**Must submit the following to request the reactivation of an occupational endorsement:**

\_\_\_\_\_ Notarized letter requesting reactivation from principal and CTE Director  
 \_\_\_\_\_ Documentation of 240 hours of work in the past eight years  
 \_\_\_\_\_ Current and valid Industry Certification (if applicable)  
 \_\_\_\_\_ Notarized reactivation request form

**TO BE COMPLETED BY NOTARY**

State of \_\_\_\_\_, \_\_\_\_\_ County \_\_\_\_\_ personally appeared  
 \_\_\_\_\_  
 (Applicant)  
 before me, \_\_\_\_\_, a Notary Public in and for said County. Sworn and subscribed before me  
 \_\_\_\_\_  
 (Name of Notary)  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. Place Notary Seal here.

\_\_\_\_\_  
 (Notary Signature)