

Out-of-State Educator Preparation Program (EPP) Verification Form

This form should be utilized for teacher candidates who attended an Educator Preparation Program (EPP) in a state other than Tennessee and should be completed by an authorized official from the out-of-state EPP. Once completed, the form should be uploaded to the candidate's educator profile in TNCompass.

Official transcripts must be issued and submitted directly by an issuing institution; electronic transcripts are **not** accepted from individuals through email or regular mail. The issuing institution must send official transcripts to Educator.Licensure@tn.gov through an online clearinghouse. If you are unable to secure electronic transcripts, they may be mailed directly to the Tennessee Department of Education at the following address in a sealed envelope without evidence of tampering:

Educator Licensure, Division of Human Capital,
Andrew Johnson Tower, 9th Floor
710 James Robertson Parkway
Nashville, TN 37243

Assessment scores must be sent directly from the assessment company. Information on the assessments required for licensure in TN can be found on the [Candidate Assessment Page](#). *Please note: Tennessee does not accept other states' assessments instead of the required TN assessments.*

Licensure applications must be submitted through [TNCompass](#). Candidates can register for a TNCompass account on the TNCompass Homepage. Step-by-step instructions for submitting an out-of-state educator transaction can be found in the Licensure Guidance Documents section available [here](#).

Section 1. Applicant Information

First Name:	Last Name:	Middle Initial:
_____	_____	_____
Date of Birth: mm/dd/yy	Last 4 Digits of Social Security Number:	Email Address:
_____	_____	_____

Section 2: Educator Preparation Program (EPP) Information

Educator Preparation Provider: (institution/organization)	State:
_____	_____
Endorsement or Certification Area: (including grade span)	Accrediting Agency:
_____	_____

Section 3: Educator Preparation Program Type*Select Option 1 or Option 2*☐ **Option 1: Job-embedded Clinical Practice**

The candidate is enrolled in an out-of-state educator preparation program that has a department-recognized partnership with a Tennessee school district.

By signing this form, you are indicating that the above stated individual has met the current expectations and requirements for a preparation program approved in a state other than Tennessee (SBE Rule 0520-02-03). Additionally, the candidate's content knowledge has been verified through submission of qualifying scores on required specialty area assessments (see SBE Policy 5.105 for required assessments and passing scores). Finally, you certify that to the best of your knowledge, the individual is at least 18 years of age and possesses good moral character (TCA §49-5-101).

Program Enrollment Date:**Partnering TN School District or Public Charter:****Requested Tennessee Endorsement(s):**☐ **Option 2: EPP Completed Out-of-State**

The candidate has completed an educator preparation program in a state other than Tennessee and has met all requirements for licensure in the state where the program is approved.

By signing this form, you are indicating that the above stated individual has met the current expectations and requirements for a preparation program approved in a state other than Tennessee (SBE Rule 0520-02-03). In addition, you certify that to the best of your knowledge, the individual is at least 18 years of age and possesses good moral character (TCA §49-5-101).

Program Completion Date:**Section 4: Authorized EPP Official Signature****Signature of Authorized EPP Official:****Date:****Printed Name of Authorized EPP Official:****Title of Authorized EPP Official:**