

# Out-of-State Practitioner Teacher or School Services Personnel Candidate Recommendation Form

## Section 1. Applicant Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Date of Birth:** mm/dd/yyyy \_\_\_\_\_ **Social Security Number:** 999-99-9999 \_\_\_\_\_ **Primary Phone:** (999) 999-9999 \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Section 2. Out-of-State Practitioner Teacher or School Services Personnel Recommendation

**Indicate License Type:** (pick one) \_\_\_\_\_ Practitioner Teacher \_\_\_\_\_ Practitioner School Services Personnel (**option 2 only**)

### Select Option 1 or Option 2

<input type="checkbox"/>	<p><b>Option 1. Candidates enrolled in an out-of-state educator preparation program and completing a job-embedded clinical practice in Tennessee.</b> Provide verification of enrollment in an approved out of state preparation program that has a department recognized partnership with a Tennessee school district.</p> <p><b>Note to Recommending Agency:</b> By signing below, you are indicating that the above stated individual has completed an educator 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).</p>	
<b>Educator Preparation Provider:</b> (institution/organization name) _____	<b>State:</b> _____	<b>Regional Accrediting Agency:</b> _____
<b>Preparation Program(s) Completed:</b> <small>program title/specialty area/endorsement area (e.g., elementary, biology, general music)</small> _____	<b>Program Grade Span(s):</b> _____	<b>Program Completion Date:</b> _____
<b>Requested Tennessee Endorsement:</b> _____	<b>Undergraduate Major:</b> _____	
<b>Partnering School District Name:</b> _____	<b>Name and Title of Authorized EPP Official:</b> _____	<b>Email Address:</b> _____

- The EPP has verified content knowledge through submission of qualifying scores on required specialty area assessments (see SBE Policy 5.105 for required assessments and passing scores), and
- The candidate has requested that the assessment administrator send the qualifying scores to the Tennessee Department of Education (SSN must be provided to assessment administrator).

**Signature of Authorized EPP Official:**

**Date:**

**Primary Phone:**

\_\_\_\_\_

- Option 2. Candidates who completed an educator preparation program in a state other than Tennessee.** Provide verification of completion of all requirements for an educator preparation program approved for licensure in a state other than Tennessee.

**Note to Recommending Agency:** By signing below, you are indicating that the above stated individual has completed an educator 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).

**Educator Preparation Provider:** (institution/organization)

**State:**

**Regional Accrediting Agency:**

\_\_\_\_\_

**Preparation Program(s) Completed:**

program title/specialty area/endorsement area (e.g., elementary, biology, general music)

**Program Grade Span(s):**

**Program Completion Date:**

\_\_\_\_\_

**Name and Title of Authorized EPP Official:**

**Email Address**

**Primary Phone:**

\_\_\_\_\_

**Signature of Authorized EPP Official:**

**Date:**

\_\_\_\_\_

**Note to EPP:** Upon completion, please return this form to the applicant for submission to the office of educator licensure and preparation.

**Note to Applicant:** Upon receipt, please upload completed form to the *Attachments* section on the *Licensure* tab of your [www.TNCompass.org](http://www.TNCompass.org) account.