

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

## Section 1. Applicant Information

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<hr/>	<hr/>	<hr/>
<b>Date of Birth:</b> mm/dd/yyyy	<b>Social Security Number:</b> 999-99-9999	<b>Primary Phone:</b> (999) 999-9999
<hr/>	<hr/>	<hr/>
<b>Email Address:</b>		
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## 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

☐ **Option 1. Candidates enrolled in an out-of-state educator preparation program and completing a job-embedded clinical practice in Tennessee.** Provide verification of enrollment in an approved out of state preparation program that has a department recognized partnership with a Tennessee school district.

**Note to Recommending Agency:** By signing below, you are indicating that the above stated individual has met the current expectations and requirements for 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).

<b>Educator Preparation Provider:</b> (institution/organization name)	<b>State:</b>	<b>Regional Accrediting Agency:</b>
<hr/>	<hr/>	<hr/>
<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>
<hr/>	<hr/>	<hr/>
<b>Requested Tennessee Endorsement:</b>	<b>Undergraduate Major:</b>	
<hr/>	<hr/>	
<b>Partnering School District Name:</b>	<b>Name and Title of Authorized EPP Official:</b>	<b>Email Address:</b>
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- ☐ 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:

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- ☐ **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 met the current expectations and requirements for 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.