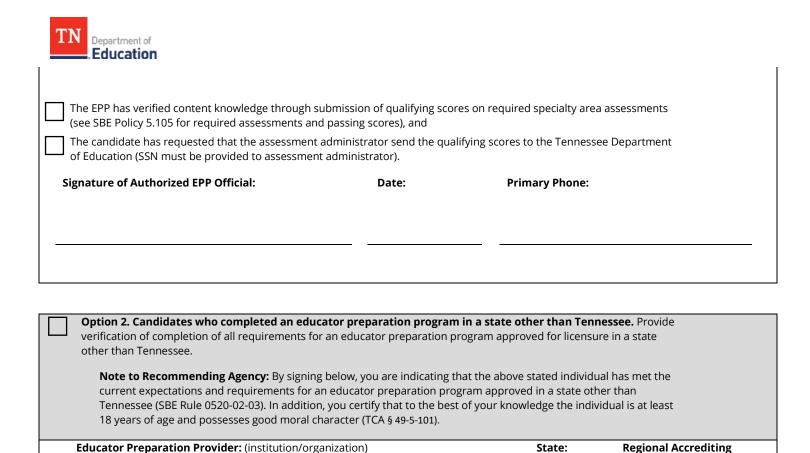


Out-of-State Practitioner Teacher or School Services Personnel Candidate Recommendation Form

ection 1. Applicant Information			
ast Name:	First Name:		Middle Initial:
ate of Birth: m/dd/yyyy	Social Security Number: 999-99-9999	Primary Ph (999) 999-99	
nail Address:			
Section 2. Out-of-State Practitioner Teac	cher or School Services Personnel Reco	mmendation	
ndicate License Type: pick one) P	ractitioner Teacher P	ractitioner School Service	s Personnel (option 2 only)
Option 1. Candidates enrolled in an clinical practice in Tennessee. Provide	out-of-state educator preparation prog de verification of enrollment in an approv		
Option 1. Candidates enrolled in an clinical practice in Tennessee. Provide has a department recognized partners. Note to Recommending Agency: Exercise current expectations and requirements.	de verification of enrollment in an approviship with a Tennessee school district. By signing below, you are indicating that the ents for an educator preparation program you certify that to the best of your knowled acter (TCA § 49-5-101).	ed out of state preparation ne above stated individual approved in a state othe	n program that I has met the r than Tennessee
clinical practice in Tennessee. Provide has a department recognized partners Note to Recommending Agency: E current expectations and requireme (SBE Rule 0520-02-03). In addition, y age and possesses good moral char	de verification of enrollment in an approviship with a Tennessee school district. By signing below, you are indicating that the ents for an educator preparation program you certify that to the best of your knowled acter (TCA § 49-5-101). Sution/organization name)	ed out of state preparation ne above stated individual approved in a state othe dge the individual is at lea	I has met the r than Tennessee ast 18 years of
Option 1. Candidates enrolled in an clinical practice in Tennessee. Provide has a department recognized partners Note to Recommending Agency: E current expectations and requirement (SBE Rule 0520-02-03). In addition, you age and possesses good moral charmal Educator Preparation Provider: (institution) (insti	de verification of enrollment in an approviship with a Tennessee school district. By signing below, you are indicating that the sents for an educator preparation program to u certify that to the best of your knowled acter (TCA § 49-5-101). Sution/organization name) Programentary, biology, general music)	ne above stated individual approved in a state other dige the individual is at lease. State:	I has met the rethan Tennessee ast 18 years of Regional Accrediting Agency: Program Completion



Name and Title of Authorized EPP Email Address Primary Phone:

Official:

Program Grade Span(s):

Preparation Program(s) Completed:

Signature of Authorized EPP Official:

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

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

Date:

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

Agency:

Date:

Program Completion