



Tennessee Department of Education – Office of Educator Licensure and Preparation
 710 James Robertson Parkway - Andrew Johnson Tower, 12th Floor - Nashville, TN 37243

Please complete using black ink. Required items are identified with an asterisk (*).

Please note: ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSURE AND PREPARATION BECOME THE PROPERTY OF THE TENNESSEE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

SECTION 1. APPLICANT CONTACT INFORMATION

This section must be completed. Please be certain to provide accurate information.

First Name*	Middle Name*	Last Name*	(Maiden/Other Last Name)
Date of Birth* (MM/DD/YYYY)	Social Security Number* 999-99-9999	Primary Telephone Number* (999) 999-9999	Email Address

SECTION 2. OUT-OF-STATE PRACTITIONER TEACHER OR SCHOOL SERVICES PERSONNEL CANDIDATE RECOMMENDATION FORM

Indicate license type (check one): _____ Practitioner Teacher License _____ Practitioner School Services Personnel License

Select one option

Option 1. is for candidates who are enrolled in an out-of-state educator preparation program that has a formal partnership with a Tennessee school district and is approved for licensure in a state other than Tennessee

Option 2. is for candidates who have completed a program approved for licensure in a state other than Tennessee

Option 1. Candidates enrolled in an out-of-state preparation program and completing clinical practice in Tennessee - Provide verification of enrollment in an approved out-of-state preparation program that has a formal partnership with a Tennessee school district.

Note to recommending agency: By signing below, you are indicating that the above stated individual has met the currently approved expectations and requirements for an educator preparation program approved in a state other than Tennessee (SBE Rule 0520-02-03). In addition, you certify, to the best of your knowledge, that the individual is at least 18 years of age and possesses good moral character (Tenn. Code Ann. § 49-5-101).

_____ Educator Preparation Provider (Institution/Organization)	_____ State Abbreviation	_____ Regional Accrediting Agency
_____ Preparation Program(s) Completed (Program Title)	_____ Program(s) Grade Level	_____ Program Completion Date
_____ Tennessee Partnering School District Name		
_____ Name and Title of Authorized Official	_____ Email Address	_____ Telephone Number
_____ Signature of Authorized Official	_____ Date	

Provide verification of content knowledge by either submitting passing scores on required content assessments (See SBE Policy 5.105 for required assessments and passing scores) or confirmation of an undergraduate major in the endorsement content area.

Select the method by which content knowledge has been verified (check one):

- Scores sent from ETS to the Office of Educator Licensure and Preparation (SSN must be provided to ETS).
- Verification from the educator preparation provider of an undergraduate major in an endorsement content area is provided below:

_____ Undergraduate Major	_____ TN Endorsement Requested
_____ Signature of Authorized Official	_____ Date

Option 2. Candidates who completed an educator preparation program and clinical practice in a state other than Tennessee - Obtain the appropriate signatures and include information below certifying 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 currently approved expectations and requirements for an educator preparation program approved in a state other than Tennessee (SBE Rule 0520-02-03). In addition, you certify, to the best of your knowledge, that the individual is at least 18 years of age and possesses good moral character (Tenn. Code Ann. § 49-5-101).

Educator Preparation Provider (Institution/Organization)	State Abbreviation	Regional Accrediting Agency
Preparation Program(s) Completed (Program Title)	Program(s) Grade Level	Program Completion Date
Title of Authorized Official (e.g. Director, Dean, or Certification Officer)		
Name of Authorized Official	Email Address	Telephone Number
Signature of Authorized Official	Date	