

2020-21 Employment Standards Waiver Application

Educator Information

Last Name: _____ First Name: _____ Middle Initial _____

Social Security Number: _____ Area Code and Phone Number: _____ Email Address: _____

TN License Number: _____ License Type(s) Held (e.g.; Professional, Practitioner, Instructional Leader): _____ License Expiration Date: _____

Current endorsement(s) held: _____ Endorsement(s) for waiver: _____ [Course name\(s\), code\(s\)](#), number of sections for assignment pending a waiver: _____

The educator currently holds an endorsement that is no more than two (2) grade levels outside of the grade-span for which a waiver is requested.

Local Education Agency Information

Date educator staffed in waiver position: _____ School Name: _____ School Number: _____

Academic Year: _____ System Name: _____ System Number: _____

The waiver is requested to fill a vacant, high need, mission-critical position (core academic, non-instructional leader); and the school district engaged in a thorough, responsible, position-specific recruitment effort to find an appropriately licensed and endorsed candidate for the position for which the waiver is requested, and has been unsuccessful in those efforts ([documentation of recruitment efforts](#) must be submitted with this application).

Rationale for why the educator recommended for the waiver is the most qualified candidate: _____

Email address of LEA contact person for questions about this application: _____

I hereby certify the information provided in this application is true and correct.

Educator Name (Print): _____ Educator Signature: _____ Date: _____

Human Resources Contact Name (Print): _____ Human Resources Contact Signature: _____ Date: _____

Director of Schools Name (Print): _____ Director of Schools Signature: _____ Date: _____

Submit completed applications via email to Educator.Licensure@tn.gov

TO BE COMPLETED BY DEPARTMENT OF EDUCATION

Division Recommendation: Approve Deny (See Comments Below)

Division Approval: _____

Date: _____

Eric Olmstead, Director of Licensure & Operations

Commissioner of Education Approval: _____

Date: _____

Penny Schwinn, Ph.D.

Additional Comments: _____



Tennessee Department of Education – Office of Educator Licensure & Preparation
Personal Affirmation Form – Required Documentation for All Permit & Waiver Applications

710 James Robertson Parkway - Andrew Johnson Tower, 9th Floor - Nashville, TN 37243

The information on this page must accompany any request for licensure transactions in the State of Tennessee. Please complete using black ink. Required items are identified with an asterisk (*). **The personal affirmation section must be completed.**

SECTION 1. CONTACT AND DEMOGRAPHIC 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)	Street/P.O. Box*	City*	State*	Zip Code*
Primary Telephone Number* (999) 999-9999	Secondary Telephone Number (999) 999-9999		Social Security Number* 999-99-9999	
Primary Email Address*		Secondary Email Address		

The following information is collected for the purposes of federal reporting requirements. Please provide responses for ethnicity, race and gender.

1. Ethnicity – Choose one Hispanic or Latino Not Hispanic or Latino

2. Race – Mark all that apply American Indian or Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

3. Gender Male
 Female

SECTION 2. PERSONAL AFFIRMATION*

This section must be completed. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate response for each question. Do not include matters that the State Board of Education has previously investigated and found “No Probable Cause” to take any disciplinary action.

- Yes No 1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of *nolo contendere* or granting pre-trial diversion?
- Yes No 2. Have you ever been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of *nolo contendere* or an order granting pre-trial diversion?
- Yes No 3. Have you had a teacher’s certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license. (Allowing a license to expire does not apply.)
- Yes No 4. Is there any action pending against your certification/license or application in another state?

- If you have answered “Yes” to question 1 or 2, please attach details of conviction, include date and location of conviction, and court certified copies of the judgment, conviction, and sentencing.
- If you have answered “Yes” to question 3 or 4, please attach details naming the state and/or issuing authority and explain the circumstances.

SECTION 3. SIGNATURE AND DATE

This section must be completed.

Applicant Signature	Date
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SECTION 4. LICENSURE TRANSACTION REQUESTED

Waiver Permit