

## APPLICATION FOR ADDITIONAL ENDORSEMENT COMPLETED OUTSIDE OF TENNESSEE

**Please note:** ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSURE AND THE TENNESSEE ACADEMY FOR SCHOOL LEADERS 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.

APPLICANT NAME \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

**Please note:** Additional requirements or exemptions may apply for specific endorsement areas. Please review State Board Rule 0520-02-03 and Policy 5.502 for this information.

**Submit applications to:** Office of Educator Licensure and Preparation, Tennessee Department of Education, 12<sup>th</sup> Floor Andrew Johnson Tower, Nashville, TN 37243

**Step 1:** Provide verification of completion of a program of study either approved for initial licensure or recognized for additional endorsement in a state other than Tennessee.

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I have obtained the appropriate signatures and included information below certifying that I have completed all requirements to add an additional endorsement through an educator preparation program that is approved for initial licensure or recognized as an additional endorsement program of study 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 either approved for initial licensure or recognized as an additional endorsement program of study in your state (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

\_\_\_\_\_  
Endorsement 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

**Step 2:** Submit passing scores not more than 5 years old on all required content assessments related to the area of endorsement (see SBE Policy 5.105 for required assessments and passing scores). **Check below to verify scores have been submitted to the office of educator licensure and preparation:**

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Scores have been sent from ETS to the Tennessee Department of Education (SSN must be provided to ETS).