

TENNESSEE DEPARTMENT OF EDUCATION
 Office of Teacher Licensing
 5th floor, Andrew Johnson Tower
 710 James Robertson Parkway
 Nashville TN 37243-0377
 (615) 532-4885

APPLICATION FOR TENNESSEE TEACHING LICENSE OR AMENDMENT TO LICENSURE

PART I RECORD OF PREPARATION TO BE COMPLETED BY APPLICANT (type/print)

If you hold or have previously held a Tennessee Teacher's License, please indicate Reference Number _____

Last Name	First Name	Middle/Maiden		
Social Security Number	Telephone Number	Date of Birth	*Sex	*Race
Street/P.O. Box	City	State	Zip Code	

*Optional *Statistical information only*

- _____ APPLICATION FOR INITIAL TEACHING LICENSE
- _____ APPLICATION FOR NON-PUBLIC SCHOOL TEACHING LICENSE (employment verification required)
- _____ APPLICATION FOR AMENDMENT TO ADD ADDITIONAL ENDORSEMENT AREA(S)
- _____ APPLICATION FOR AMENDMENT TO SHOW ADDITIONAL DEGREE/EDUCATION (check one of the following)

- _____ Master's Degree
- _____ Doctorate Degree
- _____ Master's Degree plus 30
- _____ Other
- _____ Education Specialist Degree

_____ **NAME/ADDRESS CHANGE**

(provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal change of name)

Answer the following questions if you have NEVER held any type of Tennessee Teacher License or Tennessee Teacher Permit.

Are you addicted to the use of intoxicants or narcotics, have you ever been convicted of a felony (including a conviction plea of nolo contendere), or have you ever falsified or altered documentation required for licensure?

_____ YES _____ NO

All information enclosed with this packet is correct. I understand that the penalty for falsifying information to obtain a license is denial of that license.

Signature _____ Date _____

Answer the following questions if you have EVER held a Tennessee Teacher License or Tennessee Teacher Permit.

Since your license was last issued or renewed have you ever been convicted of a felony (including a conviction plea of nolo contendere), used narcotics or intoxicants improperly, been convicted of possessing narcotics, falsified documentation required for licensure, or altered your license or certificate?

_____ YES _____ NO

All information enclosed with this packet is correct. I understand that the penalty for falsifying information to obtain a license is revocation of that license.

Signature _____ Date _____

Part II TO BE COMPLETED BY INSTITUTION FOR ADD-ON ENDORSEMENT

For Add-On Endorsement Indicate:

1. Add-On Endorsement _____
2. Endorsement Code _____
3. Date of Completion _____
4. Hours Completed _____

Certification Officer _____ Institution _____

Part III TO BE COMPLETED BY INSTITUTION FOR APPROVED PROGRAM OR ADD-ON PROGRAM

A. Approved Program or Add-On Program

Check One: Approved Program completed Add-On Program completed

For Approved Program Completion Indicate:

For Add-On Program Completion Indicate:

1. Program Completed _____
2. Endorsement Code(s) _____
3. Date of Completion _____

1. Add-On Program Completed _____
2. Endorsement Code(s) _____
3. Date of Completion _____

Certification Officer _____ Institution _____

B. PRACTICAL EXPERIENCE (for program completion)

Enhanced Student Teaching Internship
 Teaching Experience (verification must be enclosed with application)

C. PRAXIS REQUIREMENTS (Official NTE/Praxis scores must be enclosed with this application)

Praxis Test	Score	Date	Specialty Area Code	Score	Date
PRINCIPLES OF LEARNING & TEACHING K-6			SPECIALTY AREA TEST #		
PRINCIPLES OF LEARNING & TEACHING 5-8			SPECIALTY AREA TEST #		
PRINCIPLES OF LEARNING & TEACHING 7-12			SPECIALTY AREA TEST #		
			SPECIALTY AREA TEST #		

D.

I certify that the above stated individual is at least 18 years of age, possesses good moral character, and is free from chemical addiction which would impair effectiveness as a teacher. This applicant has satisfactorily completed the approved teacher education program in the specified area(s) of endorsement, has NTE/PRAXIS test scores meeting minimum license requirements and is recommended as having adequate teaching competencies in the certified area.

Degree(s)	Date Degree(s) Conferred	Recommending Institution

Dean of Education

Certification Officer

Date

Date

Application must be accompanied by A COMPLETE SET OF OFFICIAL TRANSCRIPTS documenting the recommendation for certification.