

Licensure Applicant Information: Please complete using black ink.
CONTACT AND DEMOGRAPHIC INFORMATION
Full Name: _____ **Date:** _____
Last First Middle
Address: _____
Street Address Apartment/Unit #

City State ZIP Code
Phone: _____ **Email:** _____

Birth Date: _____ **Social Security No.:** _____ **Endorsement:** _____

The following information is collected for the purposes of federal reporting requirements. Please provide responses.

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** - Female Male

SECTION 2: PERSONAL AFFIRMATION *

This section must be completed. False statements made in this application may constitute grounds to take action, revoke or deny 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 an order granting pre- trial diversion?
- ___ Yes ___ No 2. Have you 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 judgement, 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 *

Applicant Signature _____ Date: _____

SECTION 4: LICENSURE TRANSACTION REQUESTED

Please indicate the type(s) of licensure transaction(s) being requested. Mark all that apply.

- ___ Initial License (submitted by EPP through TN Compass)
- ___ Additional Degree (Check on of the following and attach official transcripts)
- ___ Master’s Degree ___ Master’s Degree + 30 semester graduate hours ___ Education Specialist ___ Doctorate