

Licensure Application

(Must be **LEGIBLY** completed and submitted with all licensure requests.)

Applicant Information

Social Security Number: _____		Email Address _____	
Name _____			
Last	First	Middle/Maiden	
Address: _____			
Street/P.O. Box		Apt.#	
City		State	Zip
Phone Number _____	Birthdate _____	Gender _____	
Ethnicity: (Ethnicity information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. Your cooperation in providing this information is appreciated.)			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black—non-Hispanic
<input type="checkbox"/> White—non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other

Licensure Request

Class of license for which you are applying: ___ A (Bachelor) ___ AA (Master) ___ AAA (Specialist) ___ AAAA (Doctorate)	Military Experience (Check, if applicable)
Type of License (See <i>Licensure Checklist</i> for descriptive information.) ___ Approved Program/Teacher Education Route Subject Area (s): _____ ___ Alternate Route Subject Area (s): _____ ___ Supplemental Endorsement Subject Area(s) Pre-Service Teacher License ___ District Superintendent License ___ Three Year ___ Five Year ___ Administrator License (Check level of license) ___ Non-practicing ___ Entry ___ Career ___ School Business Administrator ___ Three Year ___ Five Year ___ JROTC	
___ Duplicate ___ Reciprocity ___ Renewal/Reinstatement	___ Army ___ USAF ___ Navy ___ USMC ___ Reserve ___ MSNG ___ Coast Guard

Character Determination

Check “yes” or “no” to the left of each question.

___yes___no Are you currently addicted or currently dependent on alcohol?

___yes___no Are you currently addicted or currently dependent on other habit-forming drugs?

___yes___no Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?

___yes___no Have you been convicted or pled guilty to a felony as defined by federal or state law?***
 (For the purpose of this question, a “guilty plea” includes a plea of guilty, entry of a plea of *nolo contendere*, or entry of an order granting pretrial or judicial diversion.)

___yes___no Have you been convicted or pled guilty to a sex offense as defined by federal or state law?*** (For the purpose of this question, a “guilty plea” includes a plea of guilty, entry of a plea of *nolo contendere*, or entry of an order granting pretrial or judicial diversion.)

___yes___no Are you currently on probation or post-release supervision for a felony or sex offense conviction as defined by federal or state law?***

___yes___no Have you had a certificate/license denied, suspended, and/or revoked by MS or another state? Have you voluntarily surrendered a certificate/license?

If you answered “yes” to any of the above provide on a separate sheet of paper the specifics or an explanation for the response. If you elect not to provide specifics or if such an explanation is insufficient, a confidential investigation will be initiated.

**If you answered “yes” submit official copies of court record including disposition of case.*

I acknowledge that securing or attempting to secure a license by fraud or deceit will result in denial of this application or suspension of the license.

Signature: _____ **Date:** _____

Mail application to: MS Dept. of Education • Office of Educator Licensure • P.O. Box 771 • Jackson, MS 39205-0771