



# Tennessee Department of Education – Office of Educator Licensure and Preparation

710 James Robertson Parkway - Andrew Johnson Tower, 12<sup>th</sup> Floor - Nashville, TN 37243

Please complete using black ink. Required items are identified with an asterisk (\*).

**Please note:** ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSURE AND PREPARATION 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.

## SECTION 1. APPLICANT CONTACT 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\*                      Social Security Number\*                      Primary Telephone Number\*                      Email Address  
(MM/DD/YYYY)                      999-99-9999                      (999) 999-9999

## SECTION 2. OUT-OF-STATE PRACTITIONER TEACHER OR SCHOOL SERVICES PERSONNEL CANDIDATE RECOMMENDATION FORM

Indicate license type (check one):     Practitioner Teacher License                      \_\_\_\_\_ Practitioner School Services Personnel License

**Select one option**  
**Option 1.** is for candidates who are enrolled in an out-of-state educator preparation program that has a formal partnership with a Tennessee school district and is approved for licensure in a state other than Tennessee  
**Option 2.** is for candidates who have completed a program approved for licensure in a state other than Tennessee

**Option 1. Candidates enrolled in an out-of-state preparation program and completing clinical practice in Tennessee** - Provide verification of enrollment in an approved out-of-state preparation program that has a formal partnership with a Tennessee school district.

**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 approved in a state other than Tennessee (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

\_\_\_\_\_  
Preparation Program(s) Completed (Program Title)                      Program(s) Grade Level                      Program Completion Date

\_\_\_\_\_  
Tennessee Partnering School District Name

\_\_\_\_\_  
Name and Title of Authorized Official                      Email Address                      Telephone Number

\_\_\_\_\_  
Signature of Authorized Official                      Date

Provide verification of content knowledge by either submitting passing scores on required content assessments (See SBE Policy 5.105 for required assessments and passing scores) or confirmation of an undergraduate major in the endorsement content area.

**Select the method by which content knowledge has been verified (check one):**

- Scores sent from ETS to the Office of Educator Licensure and Preparation (SSN must be provided to ETS).
- Verification from the educator preparation provider of an undergraduate major in an endorsement content area is provided below:

\_\_\_\_\_  
Undergraduate Major                      TN Endorsement Requested

\_\_\_\_\_  
Signature of Authorized Official                      Date

**Option 2. Candidates who completed an educator preparation program and clinical practice in a state other than Tennessee** - Obtain the appropriate signatures and include information below certifying completion of all requirements for an educator preparation program approved for licensure 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 approved in a state other than Tennessee (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).

Western Governors University  
Educator Preparation Provider (Institution/Organization)

UT  
State Abbreviation

NWCCU  
Regional Accrediting Agency

\_\_\_\_\_  
Preparation Program(s) Completed (Program Title)

\_\_\_\_\_  
Program(s) Grade Level

\_\_\_\_\_  
Program Completion Date

Certification Officer  
Title of Authorized Official (e.g. Director, Dean, or Certification Officer)

\_\_\_\_\_  
Name of Authorized Official

licensure@wgu.edu  
Email Address

866-889-0132  
Telephone Number

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date