



Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 12th Floor - Nashville, TN 37243

This form must accompany any request for licensure transactions in the State of Tennessee. Please complete using black ink. Required items are identified with an asterisk (*). The personal affirmation section must be completed.

SECTION 1. CONTACT AND DEMOGRAPHIC INFORMATION

This section must be completed. Please be certain to provide accurate information.

Form fields for contact and demographic information including First Name, Middle Name, Last Name, Date of Birth, Street/P.O. Box, City, State, Zip Code, Telephone Numbers, and Email Addresses.

Section for federal reporting requirements including ethnicity, race, and gender questions with checkboxes.

SECTION 2. PERSONAL AFFIRMATION*

This section must be completed. False statements made in this application may constitute grounds to take action, revoke or deny a license.

Personal affirmation questions 1-4 regarding convictions and license status, with instructions for providing details.

SECTION 3. SIGNATURE AND DATE*

This section must be completed.

Signature and Date fields for the applicant.

SECTION 4. LICENSURE TRANSACTION REQUESTED

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

Form fields for selecting licensure transactions such as Initial License, Address Change, Name Change, and Additional Degree.