

# Licensure Instructions

Mississippi Department of Education  
Office of Educator Licensure  
P.O. Box 771  
Jackson, MS 39205-0771  
601-359-3483

## Please read directions carefully:

1. All educators are encouraged to apply for licensure requests online through the Educator Licensure Management System (ELMS). ELMS is accessible through the MS Department of Education (MDE) website at <http://www.mde.k12.ms.us>. When applying online, remember that supporting documents from the **Licensure Checklist** (pp. 2-5) must still be mailed in to the address above to complete the licensure request. *(The checklist is provided to assist you in compiling your documentation and does not need to be returned with the application.)*

If submitting a paper application, complete and return the **Licensure Application** (p. 6) with all other required documents as a **single, complete packet** to the address above. A complete packet includes an Application, plus all documents listed under your licensure category from the Licensure Checklist. Applications that arrive without supporting documents will be considered incomplete, and the educator will be mailed a “deficiency” letter, stating what documents are needed to process the licensure request.

2. All transcripts from **all** institutions must be submitted in a sealed envelope(s) bearing the seal or signature of the registrar. It should be mailed to you and may be stamped “student issued.” Do not open the sealed envelope! The Office of Educator Licensure is now also accepting electronic transcripts through eScrip-Safe from those institutions that are members of eScrip and can send electronic transcripts. *This is the quickest, most secure way to get your transcript to the Office of Educator Licensure.*
3. Effective September, 2011, all Praxis test takers who test in the state of MS will have scores **automatically** reported to the MDE. Prior to this time, The Office of Educator Licensure should receive your Praxis test scores electronically from Educational Testing Service (ETS) **if** you designated MDE as a score recipient when you took the test. If you did not request your scores to be sent electronically to MDE, you can submit a paper copy of your scores. If you submit the **original** score report from ETS, your scores will be returned to you. If you print a copy that you received from ETS by email, the scores will be added to your file.

**For additional information regarding educator licensure, please visit the Mississippi Department of Education, Office of Education Licensure Webpage:**

<http://www.mde.k12.ms.us/educator-licensure>.

# LICENSURE CHECKLIST

*This Licensure Checklist will assist you as you compile the documents required in your desired area of certification. Please enclose all required documents in one complete application packet. The Checklist is only for your benefit and does not need to be included in the packet.*

## CATEGORIES

### TRADITIONAL TEACHER EDUCATION ROUTES/APPROVED PROGRAM ROUTES

\_\_\_ **Five-Year Teacher Education Route - Initial License** (*Applies to a graduate of a teacher education program which included student teaching*)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Test Scores

\_\_\_ **Approved Program Route** (*Applies to a licensed teacher who wishes to upgrade the license with an advanced degree. This includes master's, specialist, and doctorate degrees.*)

- Licensure Application (Paper or Online)
- Transcript of the Advanced Degree (Sealed or e-Scrip)

\_\_\_ **Specific Five-Year Educator License** (*Applies to Guidance and Counseling, Audiologist, Emotional Disability, Psychometrist, School Psychologist, Speech Pathologist\*, Performing Arts\*\*, and Child Development\*\*\**)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Test Scores
- \*Original ASHA Membership Card (*ASHA Certified Speech Pathologists may omit submission of test scores.*)
- \*\*Validation of Artistic Competency (*Required only for applicants for the Performing Arts License with a degree in a non-Fine Arts area*)
- \*\*\*Verification of Accreditation/Child Development:

<http://www.mde.k12.ms.us/docs/educator-licensure/verification-of-accreditation-child-development.pdf?sfvrsn=0>

\_\_\_ **School District Business Administrator** (*Applies to school district business administrators only*)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip) verifying at least a bachelor's degree in either Business Administration, Accounting, Finance or business related field with a minimum of 15 hours of Accounting coursework as specified in SBE Policy
- Certificate of training from the Office of School Financial Services, or a letter from the individual's superintendent that the individual has been satisfactorily performing as a school district business manager for a minimum of four (4) calendar years in a Mississippi Public School District

\_\_\_ **Speech/Language Therapist**

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip) verifying a bachelor's degree in Communicative Disorders, Speech Pathology or Speech and Hearing
- Test Scores
- Certificate of completion from 216 Summer Institute (four required sessions); or purchased CDs and passed the required competency test
- signed documentation verification form showing 100 hours of practicum experience in articulation therapy\* or proof of progress toward meeting TMI certification requirements:

<http://www.mde.k12.ms.us/docs/educator-licensure/verification-of-practicum-experience-form-for-216-applicants.pdf?sfvrsn=0>

Note: If the applicant does not have this documentation and only submits an application with a transcript, as specified above, a provisional, non-renewable three year license will be issued.

## RECIPROcity LICENSES

\_\_\_ **Five-Year Reciprocity License** (*Applies to applicants with a valid, clear and renewable out-of-state license*)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Original, Valid, Standard Out-of-State Teaching License (**Photocopies are not accepted. Your original will be returned to you.**)
- Documentation must be provided to show a passing score on a core subject test required for certification by the issuing state, or documentation that verifies the out-of-state license was obtained in a manner equivalent with current Mississippi license guidelines for that license.

\_\_\_ **Two-Year Reciprocity License** (*Applies to applicants with a valid credential from another state that is provisional or less than standard*)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Original, Valid, Standard Out-of-State Teaching License (**Photocopies are not accepted. Your original will be returned to you.**)

## ALTERNATE ROUTE TEACHING LICENSES

\_\_\_ **One-Year Alternate Route License** (*Applies to graduates of a non-teacher education program who have met the initial requirements of one of the following programs:*

- *Mississippi Alternate Path to Quality Teachers (MAPQT) OR*
- *Teach Mississippi Institute (TMI) OR*
- *American Board Certification (ABCTE)*

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Test Scores
- Certificate of Completion or Institutional Program Verification or Online Recommendation from College/University
- Verification of Employment (*MAPQT Only*)

\_\_\_ **Three-Year Alternate Route License** (*Applies to graduates of a non-teacher education program who have met the initial requirements of the Master of Arts in Teaching Program*)

- Licensure Application (Paper or Online)
- Transcript(s) of **all** Coursework (Sealed or e-Scrip)
- Test Scores
- Institutional Program Verification or Online Recommendation

\_\_\_ **Five-Year Alternate Route License** (*Applies to graduates of a non-teacher education program who have met all coursework and/or internship requirements of their alternate route program*)

- Licensure Application (Paper or Online)
- Transcript(s) (*MAT Program Only*)
- Certificate of Completion (*MAPQT and TMI*)  
or Institutional Program Verification or Online Recommendation (*MAT*)
- Mentorship/Induction Evaluation (*MAPQT or ABCTE Programs Only*)

MAPQT Mentorship/Induction Evaluation Form: <http://www.mde.k12.ms.us/educator-licensure/alternate-route-programs>

- Letter of Recommendation from School District (*TMI Program Only*)
- Completion of **one** of the Following: MAT Program, MAPQT Program, or e-Learning Course (*ABCTE Program Only*)

## ADMINISTRATOR LICENSES

### \_\_\_ Administrator License / Non-Practicing

- Licensure Application (Paper or Online)
- Transcript (*Sealed or e-Scrip*)
- Institutional Program Verification or Online Recommendation Documenting Completion of an Approved Program in Educational Leadership/Supervision
- SLLA Test Scores
- Verification of Three-Years Educational Experience: <http://www.mde.k12.ms.us/educator-licensure/administrator>

### \_\_\_ Administrator License / Entry Level (5-Year Non-Renewable)

- Licensure Application (Currently Paper Only)
- Letter from School District Verifying Administrative Position

### \_\_\_ Administrator License / Career Level

- Licensure Application (Currently Paper Only)
- Verification of School Executive Management Institute (SEMI) Entry Level Requirements-*Orientation for School Leaders (OSL)*  
(For an approved list of trainings, visit: <http://www.mde.k12.ms.us/docs/educator-licensure/approved-semi-and-osl-trainings.pdf?sfvrsn=0> .)

### \_\_\_ One-Year Alternate Route Assistant Administrator

- Licensure Application (Paper or Online)
- Certificate of Completion or Online Recommendation from MAPQSL (Summer Training)
- Letter from School District Verifying Administrative Internship

### \_\_\_ Alternate Route Administrator License / Entry Level

- Licensure Application (Paper or Online)
- Certificate of Completion or Online Recommendation from MAPQSL (Nine Saturday Practicum)
- Completed Mentorship Form: <http://www.mde.k12.ms.us/educator-licensure/administrator>
- SLLA Score Report

### \_\_\_ Alternate Route Administrator License / Career Level

- Licensure Application (Currently Paper Only)
- Verification of School Executive Management Institute (SEMI) Entry Level Requirements-*Orientation for School Leaders (OSL)*  
(For an approved list of trainings, visit: <http://www.mde.k12.ms.us/docs/educator-licensure/approved-semi-and-osl-trainings.pdf?sfvrsn=0> .)
- Completion of Six (6) Hours of Educational Leadership Coursework from an Accredited Educational Leadership Program (*Coursework should be selected from the following areas: Curriculum and Instruction, Instructional Improvement or Leadership, School Law or School Finance.*)

## DUPLICATES

### \_\_\_ Requesting a Duplicate License

- Licensure Application (Paper or Online)
- Send \$5 money order (*no personal checks*) payable to MDE Office of Educator Licensure with paper application, **OR** if applying online, pay with debit or credit card.

**Please Note:** The virtual certificate is available for viewing and printing online at <http://www.mde.k12.ms.us>. Though it is not an official certificate, it is an official record.

## SUPPLEMENTAL ENDORSEMENTS

\_\_\_ **Supplemental Endorsements** (*only added to three-year and five-year license*)

- Licensure Application (Paper or Online)

**AND** one of the following:

- If adding a supplemental endorsement with 21 hours of coursework: Transcripts (*Sealed or e-Scrip*) *\*In order to ensure accuracy and expedite your request, it is recommended that you submit new sealed or e-Scrip transcripts of coursework in the specific endorsement area requested. Microfilmed records are sometimes unreliable.*

**OR**

- If adding a supplemental endorsement by a Praxis test: Praxis II Test Score Report

**OR**

- If adding a supplemental endorsement by completion of an MDE approved training: Documentation of Completion of MDE Approved Competency-Based Training Program

**OR**

- If adding a supplemental endorsement by completion of an approved program at a college/university: Institutional Program Verification (IPV) or Online Recommendation *\*Examples of endorsements requiring this form include Remedial Reading, Gifted, Computer Applications, Driver's Ed., English as a Second Language, Health, Special Ed., Physical Science, Vocational Guidance, Cooperative Ed., and Business and Computer Technology.* **AND**

- Sealed or e-Scrip transcript showing approved program coursework should be included with IPV or online recommendation.

## RENEWAL/REINSTATEMENT

\_\_\_ **Renewal of Five-Year License**

- Licensure Application (Paper or Online)

**AND**

- Transcripts (*Sealed or e-Scrip*) **AND/OR**
- Original Documentation Showing Completion of Continuing Education Units (CEU's) in Content or Job/Skill Related Area (*Copies are not accepted.*) **OR**
- Documentation Showing Completion of National Board for Professional Teaching Standards Process. (*Documentation must be dated within the current renewal cycle.*) **OR**
- Original Documentation Showing Completion of SEMI Credits or Completion of a Specialist or Doctoral Degree in Educational Administration/Leadership (*Applies only to Career Level Administrators*)

**Please Note:** All renewal coursework, CEU credits, National Board Documentation, or SEMI Credits must be dated within the current renewal cycle. For example, if the current validity dates are 7/1/2011 to 6/30/2016, coursework must be taken within those dates. Furthermore, if the current validity dates are in the future, renewal credits must be earned after the beginning validity date.

\_\_\_ **Reinstatement of Expired Five-Year License**

- Licensure Application (Paper or Online)
- Transcript(s) (*sealed or e-Scrip*), Documenting Required Coursework for Reinstatement **OR**
- Official Document(s) Verifying Retirement from Service in Mississippi Public Schools (For documentation, contact the Public Employment Retirement System (PERS) at 1-800-444-7377). **OR**
- Original, Valid, Out-of-State Educator License (**Photocopies are not accepted.**)

**Please Note:** A **one year** reinstatement of a standard license only requires a Licensure Application but can only be granted one time. During that one year reinstatement, the educator must meet standard renewal requirements to obtain an additional four years for the license to become standard again.

# Licensure Application

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

## Applicant Information

|   |   |   |   |
|---|---|---|---|
| <b>Social Security Number:</b> _____  |   |   |   |
| <b>Name</b> _____   |   |   |   |
| _____   | _____                                   | _____                                     | _____                                       |
| <i>Last</i>   | <i>First</i>                            | <i>Middle/Maiden</i>                      |   |
| <b>Address:</b> _____   |   |   |   |
| _____   |   | _____                                     |   |
| <i>Street/P.O. Box</i>  |   | <i>Apt.#</i>                              |   |
| _____   |   |   |   |
| <i>City</i>   |   | <i>State</i>                              | <i>Zip</i>                                  |
| _____   |   | _____                                     | _____                                       |
| <b>Phone Number</b>   | <b>Birthdate</b>                        | <b>Gender</b>                             |   |
| _____   | _____                                   | _____                                     |   |
| <b>Ethnicity:</b> <i>(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.)</i> |   |   |   |
| <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

|   |   |              |                         |                |                    |            |                         |                  |   |  |   |                                      |   |                                       |  |
|---|---|--------------|-------------------------|----------------|--------------------|------------|-------------------------|------------------|---|--|---|--------------------------------------|---|---------------------------------------|--|
| <p><b>Class of license for which you are applying:</b><br/>         ___A (Bachelor) ___AA (Master) ___AAA (Specialist) ___AAAA (Doctorate)<br/> <i>* Note: Any license with a validity period less than 5 years is issued at the Class A level.</i></p> <p><b>Type of License (See <i>Licensure Checklist</i> for descriptive information.)</b></p> <table style="width: 100%;"> <tr> <td>___Approved Program/Teacher Education Route</td> <td>___Duplicate</td> </tr> <tr> <td>Subject Area (s): _____</td> <td>___Reciprocity</td> </tr> <tr> <td>___Alternate Route</td> <td>___Renewal</td> </tr> <tr> <td>Subject Area (s): _____</td> <td>___Reinstatement</td> </tr> <tr> <td>___Supplemental Endorsement Subject Area(s) _____</td> <td></td> </tr> <tr> <td>___Administrator License (Check level of license)</td> <td>___Non-practicing ___Entry ___Career</td> </tr> <tr> <td>___Local District Request (<i>Requested by Local District Only</i>)</td> <td>___One Year License ___Expert Citizen</td> </tr> </table> | ___Approved Program/Teacher Education Route | ___Duplicate | Subject Area (s): _____ | ___Reciprocity | ___Alternate Route | ___Renewal | Subject Area (s): _____ | ___Reinstatement | ___Supplemental Endorsement Subject Area(s) _____ |  | ___Administrator License (Check level of license) | ___Non-practicing ___Entry ___Career | ___Local District Request ( <i>Requested by Local District Only</i> ) | ___One Year License ___Expert Citizen | <p><b>Military Experience</b><br/>(Check, if applicable)</p> <p>___Army<br/>         ___USAF<br/>         ___Navy<br/>         ___USMC<br/>         ___Reserve<br/>         ___MSG<br/>         ___Coast Guard</p> |
| ___Approved Program/Teacher Education Route   | ___Duplicate                                |              |                         |                |                    |            |                         |                  |   |  |   |                                      |   |                                       |  |
| Subject Area (s): _____   | ___Reciprocity                              |              |                         |                |                    |            |                         |                  |   |  |   |                                      |   |                                       |  |
| ___Alternate Route  | ___Renewal                                  |              |                         |                |                    |            |                         |                  |   |  |   |                                      |   |                                       |  |
| Subject Area (s): _____   | ___Reinstatement                            |              |                         |                |                    |            |                         |                  |   |  |   |                                      |   |                                       |  |
| ___Supplemental Endorsement Subject Area(s) _____   |   |              |                         |                |                    |            |                         |                  |   |  |   |                                      |   |                                       |  |
| ___Administrator License (Check level of license)   | ___Non-practicing ___Entry ___Career        |              |                         |                |                    |            |                         |                  |   |  |   |                                      |   |                                       |  |
| ___Local District Request ( <i>Requested by Local District Only</i> )   | ___One Year License ___Expert Citizen       |              |                         |                |                    |            |                         |                  |   |  |   |                                      |   |                                       |  |

## 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

# INSTITUTIONAL PROGRAM VERIFICATION

## To the Applicant:

**Submit this form to the Dean of Education** of the institution at which the program has been completed.

Institutional Program Verifications are not required for all licenses.

Institutional Program Verifications are required for the following:

- ◆ Administration
- ◆ Computer Applications
- ◆ Master of Arts in Teaching Program
- ◆ English as a Second Language
- ◆ Library Media *(only if planned program)*
- ◆ Vocational Guidance *(added to 436 only)*
- ◆ Occupational Child Care, Aging Services, Clothing, or Food Production Management *(Each of the above added to 321 or 322 only)*
- ◆ Health Education
- ◆ Physical Science
- ◆ Reading
- ◆ Severe Disability *(added to 221 only)*
- ◆ Drivers Education
- ◆ Mild/Moderate Disability
- ◆ Gifted
- ◆ Cooperative Education
- ◆ Visually Impaired
- ◆ Elementary Education *(specify grade levels)*

## To the Dean of the School of Education:

Please complete this form and **return to the applicant for inclusion in the application packet.** MS colleges/universities are encouraged to make an online recommendation in place of this form. *Out of state colleges and universities must stamp this form with an embossed seal, in addition to completing the information below.*

**INSTITUTIONAL PROGRAM VERIFICATION**  
*(To be completed by the School of Education, if applicable.)*

This is to certify that, to the best of my knowledge, the applicant, \_\_\_\_\_ has satisfactorily completed the requirements prescribed by the State Board of Education and the laws of the state of \_\_\_\_\_, has satisfied all course requirements, and demonstrates competence in the field(s) of \_\_\_\_\_ for which the application for licensure is being made.

\_\_\_\_\_  
*Signature, Dean of Education or Certification Officer*

\_\_\_\_\_  
*College/University*

\_\_\_\_\_  
*Date*

\* \* \* \* \*

## For OEL Office Use Only

(Applicant is not to write in this section.)

**License Number:** \_\_\_\_\_

|             |      |       |  |             |      |       |  |
|-------------|------|-------|--|-------------|------|-------|--|
| Class       | Type |       |  | Class       | Type |       |  |
| Endorsement |      |       |  | Endorsement |      |       |  |
| Valid From: |      | To:   |  | From:       |      | To:   |  |
| By:         |      | Date: |  | By:         |      | Date: |  |

**Comments:**