ED-02443-12



APPLICATION FOR AN ADDITION TO A MINNESOTA EDUCATION LICENSE (TEACHING/ADMINISTRATIVE/RELATED SERVICES)

General Information: A partial or incomplete application packet will be returned to the applicant for completion and resubmission. It is the applicant's responsibility to submit the required items in one envelope to Educator Licensing. To ensure the submission of a complete packet, please review and follow the instructions and checklist on pages 7-9. If you have questions, call 651-582-8691 or go to the Minnesota Department of Education website (http://education.state.mn.us). A completed Conduct Review Statement must accompany every application.

A check or money order for \$62.70 payable to "Commissioner of MDE" must accompany this application. This is a nonrefundable processing fee.

Electronic signatures are NOT accepted. All signatures must be original.

LIEC	u onic sign	iatures are NOT at	cepted. All signat	uics	illust be off	gillal.			
1	FILE FOLDER NUMBER enter your file folder number				FOR STATE REGISTER				
	2: APPLICANT INFORMATION								
Last Name First Name									
Midd	le Name			Pre	vious Name				
Maili	ng Address	(street, city, state,	zip):	1		Day	time T	elephone Num	nber:
		required - important ense will be sent to tl							
Socia	al Security			Birt	hday			Gender	
	ber (option	al)			n/dd/yyyy)			(M/F)	
	ot mandatory I of a license.	to provide your Social S	Security Number. Failure	•		n misidentii	fication b	ut will not result i	n the
	I hav	e been fully license	d in a state other tha	an Mi	nnesota. (At	ttach a pl	notocop	y of each lice	nse.)
	3: APPLICATION TYPE								
Chec	k all that ap	pply:							
	Addition o	f a new field to a va	llid professional lice	nse					
	Addition of a new field to a valid professional license AND renewal of current license. Attach any additional documents as indicated in the renewal condition printed on your license. OR								
	Check here if your clock hours have been reported electronically by your district's continuing education committee								
	Teaching	Enter fi	eld(s):						
	Administra	ative Enter fi	eld(s):						
	Related Services Personnel Enter field(s):								

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File Folder			Name (Last,				
Number			First Middle)				
	4: E	EDUCA	TIONAL BAC	KGROUND	for ne	ew field o	nlv
				2 = Bachel			
Т	o be complete			3 = 5-Year		am	= Specialist
	Use the co	odes at the	e right.	4 = Master	•	6	= Doctorate
College or	University	Located	d at (city & state)	Degree Code	Year	of Degree	For state use only College Code
	5	· VFRI	FICATION OF	PROGRAM	CON	IPI FTION	
T	_					_	
			COMPLETED BY	_	_		t and sign this form
OLIVIII	OATION OF		•		-		t and sign ans form
		ı	The completed pro	gram is (check a	ıı tnat ap	opiy):	
a reg	ionally accre	dited pro	gram	a state-approved	d progra	am	
an alt	ternative prep	paration p	program	ncludes embed orogram	ded mu	ılticultural & h	numan relations
							ation, include specific
	ages/grades a nout this info		rity – mild-moderat	e-severe – of stu	dents t	aught. Licen	se issuance may be
	ool/District	mation.)	Subject/Licensu	re Field(s)	Grad	de Level(s)	Date Ranges
3611	OOI/DISTRICT		oubject/Licensu	re r ieiu(s)	Orac	de Levei(3)	Date Ranges
			RECOMMENDA	TION FOR LICI	ENSUR	RE	
	Subia	act/l icans	sure Field(s)		Grad	de Level(s)	Date Program
	300)6	CULICEIIS	sure rielu(s)		Grac	ue Level(s)	Completed
			Electronic Sig	nature NOT acc	epted		
	Signature	of Certifi	cation Officer or R	egistrar			date
Printed Nam Officer or Re	e of Certificati gistrar	on				Telephone	
Email Addres	ss	<u>,</u>					
Nome of				Mailing Addr	ess		
Name of Institution				(street, city, state, zip)			

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File Folder	Name (Last,	
Number	First Middle)	

6: VERIFICATION OF TEACHING EXPERIENCE FOR INITIAL ADMINISTRATIVE LICENSURE

Verification, by an authorized official, of three years of successful classroom teaching experience for which the applicant held a valid license to practice is required for an initial Superintendent, Principal, and Director of Special Education license.

For an initial **Local Vocational Director**, verification of three years of experience in vocational/career and technical education in Minnesota while holding the appropriate license. Two of the three years must have been in teaching or work experience coordination. One of the three years may have been earned as a licensed Local Vocational Program Supervisor, or earned while holding a variance as a Local Vocational Program Director.

Please **do not include** student teaching/practicum experiences or experiences gained while not properly state authorized/licensed for the position. Do not include leaves-of-absence.

School/Place of Employment Where	State	Dates of Service		If not Full-time, Indicate % of	Grade & Subjects Taught	
Teaching Experience was Earned		From	То	Full-Time		

I confirm that this information is correct.

Electronic Signature NOT accepted

S	ignature of Authorized Official	Date		
Printed Name of Authorized Official		Title		
Email Address		Telephone		
Name of School District/Employer				
Mailing Address (street, city, state,	zip)			

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CONDUCT REVIEW STATEMENT

(Required for ALL Applications)

		IDE	ENTIFICAT	TION INFORM	MATION		
Applicant Full Name	(Last, F	irst Middle)					
Previous Full Name (Last, Fi	rst Middle)					
File Folder Number				Social Secu	rity Number		
Date of Birth (mm/dd,	′уууу)				FOR STATE	USE ONLY	
Failure				vide your Socia cation but will r			cense.
Check the appropria and your application page 6 or other she information. (If this is conduct review states of these questions or again.)	n will be ts of persons in the of the	e delayed. I paper. You nour first applicately pply only to t	f you are so nust answer tation for a he period	submitting a er ALL questi Minnesota e since your la	dditional inf ons complete ducation licer ast applicati	ormation, you ely and providuse, your ans on. If you ar	ou must use either de ALL requested swers on this asswered yes to any
For purposes of this question resulted in a stay of implementation of judge, an admission You are considered control of the purposes of this question as the purposes of this question as the purposes of this question are stay of this question are stay of this question as the purposes of this question are stay of this question as the purposes of this question are stay of this question as the purposes of this question are stay of the purposes of this question are stay of this question are stay of this question are stay of the purposes of this question are stay of the purposes of this question are stay of the purposes of the purposes of this question are stay of the purposes of the	oosition INCLUE of guilt o	of sentence. (DE PETTY MIS or plea of guilt,	DWI's and DEMEANO or any "no	DUI's are incl DRS.) The tern contest" or Alfo	l uded in this c m "conviction" l ord plea (a ple	definition and includes a find	should be ling of guilty by a jury
1. Have you bee	n convi	cted of a crin	ne?				
YES -	•	•		ust complete t n] for each co			
2. Have you eve	r been	referred to a	pre-trial div	version progra	am after bein	g arrested?	
	If you a		s," you mu	ıst attach mat			, location(s),
NO							
3. Have you eve homicide, ass		•	_	•	ninal offense	involving sex	ual conduct,
YES -	If you a	answered "ye	s," you mu	ıst attach mat	terial explaini	ng the offens	se, date,
	locatio	n, and the la	w enforcer	ment agency	involved.		
NO							_
4. Are any crimir		•		•		•	
YES -	If you a	answered "ye	es," you mu	ıst attach pag	je 6, Supplen	nental Inform	ation form.
NO							

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File Folder	Name (Last,	
Number	First Middle)	

CONDUCT REVIEW STATEMENT, continued

5.	5. Have you ever had an education or other occupational license revoked, suspended, or denied in Minnesota or any other state?						
	YES – If you answered "yes," you must attach material explaining t date action was taken, and the agency involved.	he type of license, the					
	L NO						
6.	Have you ever voluntarily surrendered an education or other occupational	license?					
	YES – If you answered "yes," you must attach material explaining t date, and the agency involved.	he action, location,					
	NO						
7.	Is disciplinary action against your teaching, administrative, or other occupa currently pending in another state?	ational license					
	YES – If you answered "yes," you must attach material explaining t location, date, and the agency involved.	he action or charges,					
	NO						
8.	Have you ever resigned from or otherwise left any employment after allegations was were made against you or when an investigation into those allegations was						
	YES – If you answered "yes," you must attach material explaining t location, date, and employer involved.	he action or charges,					
	L NO						
9.	Have you or a school district in which you were employed ever been a par award or agreement of any kind that involved an allegation that involved Y						
	YES – If you answered "yes," you must attach material explaining t the date and location of the school district.	he situation including					
	NO						
FA DIS	ARNING: FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS IN A ILURE TO PROVIDE THE INFORMATION REQUESTED COULD LEAD TO SCIPLINARY ACTION BEING TAKEN AGAINST ANY TEACHING OR SCHEENSE.	O DENIAL OR					
	CERTIFICATION OF INFORMATION						
	ertify that all information contained on and submitted with this application is,						
	owledge, true and accurate. I understand that misrepresentation of facts or						
	companying documents may result in denial of licensure and could affect the school administrative licenses.	e status of my other teaching					
'							
	Electronic Signature NOT accepted						
	Signature of Applicant	Date					

Complete the next page ONLY if you answered "YES" to questions 1 or 4.

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APPLICANT CONVICTION/ OUTSTANDING CHARGE INFORMATION

Complete this page only if you answered "yes" to questions 1 or 4.

Please photocopy and complete a separate form for each conviction or outstanding charge

1.	Convicted or currently cha	igea willi.		
2.	Level of offense (check on	e): Gross Misdemeanor	Misdemeanor	
3.	Date of offense:			
4.	Name of arresting agency	(police, county sheriff, etc.):		
5.	Court jurisdiction (i.e., Her	nnepin County District Court, M	linneapolis, Minnesota):	
6.	Plea and conditions of pro	bation, if any:		
7.	Date of release from proba	ation:		
8.	If still on probation, name	and telephone number of prob	ation officer:	
9.	Details of incident:			
	VER	IFICATION/ AUTHORIZATIO	N OF INFORMATION	
		on is true and correct. I herebase any information concerning		
ı	File Folder Number	Printed Name		Date of birth
		Electronic Signature NO	T accepted	
		Signature		date

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MINNESOTA DEPARTMENT OF EDUCATION (MDE)

Educator Licensing

1500 Highway 36 West Roseville, MN 55113-4266 651-582-8691 FAX 651-582-8809

MDE Educator Licensing Webpage (http://education.state.mn.us/MDE/EdExc/Licen/index.html)

Send emails to mde.educator-licensing@state.mn.us

Application for an Addition to a Minnesota Education License Information

ADDITION OF A PROFESSIONAL MINNESOTA EDUCATION LICENSE

Teachers and School Administrators: Minnesota requires compliance with degree requirements and completion of a state approved teacher education and/or administrative preparation program. An applicant who has completed a state approved college/university-based teacher or administrative licensure program must forward the completed application form to that college/university for recommendation by the certification officer/registrar in section 5 of the application form. An applicant who has completed a state approved alternative teacher licensure program outside of Minnesota must forward the completed application to that program's administrator for recommendation by the authorized official administrator in section 5. An applicant who has completed multiple state approved preparation programs must forward an application form to each preparing site for recommendation and signature. If the applications are simultaneously submitted in one envelope, only one processing fee is required.

For administrative licensure fields, the applicant must provide verification in section 6 of employment in a position for which the applicant held valid licensure to teach: three years for initial superintendent, principal and director of special education licensure. Local Vocational Program Director licensure requires verification of three years of experience in vocational/career and technical education in Minnesota while holding the appropriate license. Two of the three years must have been spent in teaching or in work experience coordination. One of the three years may have been earned as a licensed Local Vocational Program Supervisor, or earned while holding a variance as a Local Vocational Program Director.

Related Services Personnel: Related services personnel include school counselors, school nurses, school psychologists, school social workers, and speech-language pathologists. Preparation for licensure in these fields satisfies Minnesota's human relations requirement. Related services personnel are not subject to Minnesota testing requirements.

Applicants Completing a Licensure Program Outside of Minnesota: Minnesota does not have licensure reciprocity with any other state. A Minnesota license is based on the completion of a state-approved preparation program. A license can be granted only in licensure fields for which Minnesota has established rules.

Teacher preparation outside of Minnesota must be essentially equivalent in content to approved programs offered by Minnesota institutions. If the preparation is essentially equivalent but is more limited in authorization and/or age/grade range, an applicant may be granted a nonrenewable restricted license for the purpose of providing the licensee time to complete the preparation necessary to meet Minnesota authorization and/or age/grade range requirements. Include a copy of the preparation program requirements and course descriptions. Section 5 must be completed and signed by the appropriate certification officer/registrar.

Minnesota Teacher Licensure Examinations (MTLE)

Beginning in September 2010, the Minnesota Teacher Licensure Examinations (MTLE) will be the sole means of assessing the basic skills, pedagogical, and content-area knowledge of Minnesota K-12 teacher candidates. All candidates for initial license will be required to pass the MTLE basic skills test as well as pedagogy and content-area tests. If you are already licensed and adding another license, you only have to take the content knowledge test in the new licensure field. A series of Frequently Asked Questions is available here to provide information about the testing program and requirements.

The MTLE Website contains information including registration information, test frameworks, and study guides.

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OTHER INFORMATION

When adding a new field to a professional license, the licensee may also renew the other license field(s) up to one year early on the same processing fee if the applicant has met the renewal requirements. To do so, check the appropriate box(s) in section 2 of the application. Additional licensure information is available at MDE Educator Licensing Webpage (http://education.state.mn.us). Teacher retirement information is available from the Minnesota Teacher Retirement Association (https://www.minnesotatra.org/) at 651-296-2409.

PRIVACY STATEMENT

The data you furnish on and with the Application for Minnesota Education License will be used by the Minnesota Department of Education and the Minnesota Board of Teaching (licensing authority) to assess the applicant's qualifications for licensure. You are not legally required to provide this data; however, if you fail to do so, the agencies may be unable to process the license application for which the data is required. Until licensure is granted, the information in the application is private data, accessible only to you, the Minnesota Department of Education and the Minnesota Board of Teaching, its agents, and/or agents of the Attorney General's Office representing the Minnesota Department of Education and the Minnesota Board of Teaching. This file becomes public record if licensure is granted, except that your Social Security number and home address remain private, subject to disclosure requirements as follows:

Social Security Number Information - Pursuant to Minnesota Statutes 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Social Security number. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest. Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue; however, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

In conjunction with required data reporting from Minnesota public school districts, the licensing authority will only use private or confidential data for purposes of confirming unique identity. Persons having access to the data at the Minnesota Department of Education are only those working directly with licensing or the data reporting systems.

Minnesota operates on a **single packet** submission basis. **A partial or incomplete submission** (pages, signatures, transcripts, fees or other relevant information missing) **will be returned to the applicant for completion and resubmission.** It is the applicant's responsibility to submit the required items in one envelope to Educator Licensing. Original transcripts must be submitted in a college/university-sealed envelope. Do not request that items (transcripts, test score reports, etc.) be sent directly to Educator Licensing. To ensure the submission of a complete packet, review and follow the checklist items.

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COMPLETE PACKET SUBMISSION CHECKLIST

For ALL a	pplications, please submit:
statem	pleted application for an addition to a Minnesota Education License form, including the conduct review ent pages, with required signatures and dates. Make sure the appropriate sections of the form have been eted and signed. For all applications, complete sections 2 and 3.
	k or money order for \$62.70 payable to "Commissioner of MDE" must accompany this application. All fees nrefundable.
In addition	to the above items, please submit:
officer/ achieve score r	ers and School Administrators: Section 5 must be completed by the appropriate certification registrar. An applicant who has taken the Minnesota-required examinations in another state and has ed Minnesota's minimum passing scores should attach the entire original official score report; the original report will be returned to the applicant. For administrative licensure, complete section 6 to verify com teaching experience (see section 6 of the application form for additional information.)
patholo counse Counci require all insti applica registra	d Services Personnel: Section 5 and 6 are not required for school psychologist, speech-language origist, school nurse, or school social worker licensure. Sections 5 and 6 are not required for school color licensure if the applicant completed a preparation program for school counseling accredited by the ill for the Accreditation of Counseling and Related Educational Personnel (CACREP). Sections 5 is add if the program completed was not CACREP accredited. In addition to submitting official transcripts from attutions in the college/university sealed envelope, the following item(s) must also be submitted with the ation: school nurse , a copy of both current licensure as a Minnesota registered nurse and current action as a Minnesota public health nurse; school social worker , a copy of the current wallet size sota Board of Social Work license.

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