

2020-21 Application for Permit to Teach

Individual Information

Last Name: _____ *First Name:* _____ *Middle Initial* _____

Social Security Number: _____ *Area Code and Phone Number:* _____ *Email Address:* _____

Prior TN License Number (if applicable): _____ *Prior License Type(s) Held (e.g.; Professional, Practitioner, Instructional Leader):* _____ *License Expiration Date:* _____

Prior endorsement(s) held (name, code): _____ *Endorsement for permit (name, code):* _____ *Course name(s), code(s), number of sections for assignment pending a permit:* _____

The individual for whom the permit is requested currently holds a bachelor's degree from a regionally accredited institution, and [official transcripts are submitted to the department](#).



Tennessee Department of Education – Office of Educator Licensure & Preparation
Personal Affirmation Form – Required Documentation for All Permit & Waiver Applications

710 James Robertson Parkway - Andrew Johnson Tower, 9th Floor - Nashville, TN 37243

The information on this page 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.

First Name*	Middle Name*	Last Name*	(Maiden/Other Last Name)	
Date of Birth* (MM/DD/YYYY)	Street/P.O. Box*	City*	State*	Zip Code*
Primary Telephone Number* (999) 999-9999	Secondary Telephone Number (999) 999-9999		Social Security Number* 999-99-9999	
Primary Email Address*		Secondary Email Address		

The following information is collected for the purposes of federal reporting requirements. Please provide responses for ethnicity, race and gender.

1. Ethnicity – Choose one Hispanic or Latino Not Hispanic or Latino
2. Race – Mark all that apply American Indian or Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White
3. Gender Male
 Female

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. Check the appropriate response for each question. Do not include matters that the State Board of Education has previously investigated and found “No Probable Cause” to take any disciplinary action.

- Yes No 1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of *nolo contendere* or granting pre-trial diversion?
- Yes No 2. Have you ever been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of *nolo contendere* or an order granting pre-trial diversion?
- Yes No 3. Have you had a teacher’s certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license. (Allowing a license to expire does not apply.)
- Yes No 4. Is there any action pending against your certification/license or application in another state?

- If you have answered “Yes” to question 1 or 2, please attach details of conviction, include date and location of conviction, and court certified copies of the judgment, conviction, and sentencing.
- If you have answered “Yes” to question 3 or 4, please attach details naming the state and/or issuing authority and explain the circumstances.

SECTION 3. SIGNATURE AND DATE

This section must be completed.

Applicant Signature	Date
----------------------------	-------------

SECTION 4. LICENSURE TRANSACTION REQUESTED

Waiver Permit