



VERIFICATION OF COMPLETION OF AN APPROVED ADDITIONAL ENDORSEMENT PROGRAM BY AN EDUCATOR PREPARATION PROVIDER IN A STATE OTHER THAN TENNESSEE

Please note: ALL DOCUMENTS SUBMITTED TO THE OFFICE OF EDUCATOR LICENSURE AND PREPARATION, AND THE TENNESSEE ACADEMY FOR SCHOOL LEADERS 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.

APPLICANT NAME \_\_\_\_\_ TENNESSEE EDUCATOR LICENSE NUMBER \_\_\_\_\_

Please note: Additional requirements or exemptions may apply for specific endorsement areas. Please review State Board Rule 0520-02-03 and Policy 5.502 for this information.

- Educators must submit this completed form through www.TNCompass.org, as an attachment to their application for additional endorsement.
- Educators applying for additional Tennessee educator licensure endorsement must provide verification of completion of a program of study either approved for initial licensure or recognized for additional endorsement in a state other than Tennessee, in addition to the required professional assessments.

Note to recommending agency: By signing below, you are verifying that the above stated individual has met the currently approved expectations and requirements for an educator preparation program either approved for initial licensure or recognized as an additional endorsement program of study in your state (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

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

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

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

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

\_\_\_\_\_  
Email Address

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

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_  
Date