Minnesota Department of Education	Educator Licensing 1500 Highway 36 West Roseville, MN 55113-4266	**APPLICATION FOR AN ADDITION TO A MINNESOTA EDUCATION LICENSE (TEACHING/ADMINISTRATIVE/ RELATED SERVICES)**	ED-02443-09

1. FILE FOLDER NUMBER
Enter your file folder number here.

GENERAL INFORMATION AND INSTRUCTIONS: 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 attached checklist. If you have questions, call 651-582-8691 or go to the Web site: http://education.state.mn.us

FOR STATE USE ONLY
REGISTER NUMBER

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

2. APPLICATION TYPE

Check all that apply: **Complete Sections:**

- ☐ Addition of a new field to a valid professional license — 3, 4, 5*, 6**
- ☐ 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 — 3, 4, 5*, 6**
- ☐ Check here if your clock hours have been reported electronically by your district's continuing education committee.

* If applicable, section 5 is completed by certification officer/registrar.
** Complete section 6 only if applicable.

For:

- ☐ Teaching _____
- ☐ Administrative _____

Related Services Personnel:

- ☐ School Counselor
- ☐ School Psychologist
- ☐ Speech-Language Pathologist
- ☐ School Nurse (include copy of current RN license and PH registration)
- ☐ School Social Worker (include copy of current wallet size Board of Social Work license)

3. APPLICANT INFORMATION

It is not mandatory to provide your Social Security number. Failure to do so may result in misidentification but will **not** result in the denial of a license.

Last Name	First Name	Middle Name	Previous Name

Mailing Address	City	State	Zip Code

Email Address (Important information regarding your license will be sent to this address):

Social Security Number (Optional)	Month/Day/Year of Birth	Gender	Daytime Telephone Number
| | | | | | | | |	| |	☐ M ☐ F	- -

☐ I have been fully licensed in a state other than Minnesota. (Attach a photocopy of each license.)

4. EDUCATIONAL BACKGROUND

To be completed for all applications. Use the codes at the right.

2 = Bachelor
3 = 5 Year Program
4 = Master
5 = Specialist
6 = Doctorate

COLLEGE OR UNIVERSITY	LOCATED AT: (City and State)	DEGREE CODE	YEAR OF DEGREE	**For State Use Only** COLLEGE CODE

5. RECOMMENDATION FOR LICENSURE

THIS SECTION IS TO BE COMPLETED BY THE STATE-APPROVED LICENSURE PROGRAM CERTIFICATION OFFICER

The completed program is: (check all that apply)
- ☐ a regionally accredited program
- ☐ a state-approved program
- ☐ an alternative preparation program

Student Teaching / Practicum / Internship Experience (If the recommendation is for special education, include specific disability categories, ages/grades and severity -- mild-moderate-severe -- of students taught. License issuance may be delayed without this information.)

School/District	Subject/Licensure Field(s)	Grade Level(s)	Date Ranges

RECOMMENDATION FOR LICENSURE

Subject/Licensure Field(s)	Grade Level(s)	Date Program Completed

Print Name of **Certification Officer** or **Registrar**

Name of Institution

Signature of **Certification Officer** or **Registrar**

Address

Date _____ **Telephone** _____-_____-_____

City **State** **Zip Code**

6. VERIFICATION OF TEACHING EXPERIENCE FOR INITIAL ADMINISTRATIVE LICENSURE

Verification 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 or Where Experience was Earned	State	Dates of Service		If Not Full-Time, Indicate % of Full-Time	(Grade & Subjects Taught or Related Service Position)
		From:	To:		

I confirm that this information is correct.

Print Name of Authorized Official

Title

Signature of Authorized Official

Date

_____-_____-_____
Telephone Number

Name of School District/Employer

City

State and Zip Code

CONDUCT REVIEW STATEMENT

(Required for ALL Applications)

IDENTIFICATION INFORMATION			
Applicant Full Name (Last, First, Middle)		Previous Full Name	
File Folder Number	Social Security Number	Date of Birth (mm/dd/yy)	**FOR STATE USE ONLY**
It is not mandatory to provide your Social Security number. Failure to do so may result in misidentification but will not result in the denial of a license.			

Place either an **X** or a **checkmark** in the appropriate boxes below. **If there is any writing on this form it cannot be scanned properly and your application will be delayed.** If you are submitting additional information, you must use either page five (5) or other sheets of paper.

You must answer **all** questions completely and provide **all** requested information. (If this is **not** your first application for a Minnesota education license, your answers on this conduct review statement apply **only to the period since your last application**. If you answered "yes" to any of these questions on previous applications and supplied supplemental information, it is not necessary to do so again.)

1. Have you ever been convicted of a crime?

   For purposes of this question, the term "crime" includes a misdemeanor, a gross misdemeanor, a felony or a charge that resulted in a stay of imposition of sentence. **(DWI's and DUI's are included in this definition and should be disclosed.) (DO NOT INCLUDE PETTY MISDEMEANORS.)** The term "conviction" includes a finding of guilty by a jury or judge, an admission of guilt or plea of guilty, or any "no contest" or Alford plea (a plea without an admission of guilt). You are considered convicted whether the sentence is stayed or executed.

   ☐ YES - **If you answered "yes," you must complete the Supplemental Information form [page five (5) of this application] for each conviction, and attach it to this page.**

   ☐ NO

2. Have you ever been referred to a pre-trial diversion program after being arrested?

   ☐ YES - If you answered "yes," you must attach material explaining the action, location(s), date(s), and the agency involved.

   ☐ NO

3. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct, homicide, assault, or any other crime involving violence?

   ☐ YES - If you answered "yes," you must attach material explaining the offense, date, location, and the law enforcement agency involved.

   ☐ NO

4. Are any criminal charges currently pending against you in Minnesota or any other state?

   ☐ YES - If you answered "yes," you must complete and attach page five (5), Supplemental Information form.

   ☐ NO

5. Have you ever had an education or other occupational license revoked, suspended, or denied in Minnesota or in any other state?

   ☐ YES - If you answered "yes", you must attach material explaining the type of license, the date action was taken, and the agency involved.

   ☐ NO

6. Have you ever voluntarily surrendered an education or other occupational license?

   ☐ YES - If you answered "yes," you must attach material explaining the action, location, date, and the agency involved.

   ☐ NO

CONDUCT REVIEW STATEMENT, continued

7. Is disciplinary action against your teaching, administrative, or other occupational license currently pending in another state?

☐ YES - If you answered "yes," you must attach material explaining the action or charges, location, date, and agency involved.

☐ NO

8. Have you ever resigned from or otherwise left any employment after allegations of misconduct were made against you or when an investigation into those allegations was pending?

☐ YES - If you answered "yes," you must attach material explaining the action or charges, location, date, and employer involved.

☐ NO

9. Have you or a school district in which you were employed ever been a party to a civil settlement, award or agreement of any kind that involved an allegation that involved **your** sexual conduct?

☐ YES - If you answered "yes," you must attach material explaining the situation including date and location of the school district.

☐ NO

WARNING: FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS IN A TRUTHFUL MANNER OR FAILURE TO PROVIDE THE INFORMATION REQUESTED COULD LEAD TO DENIAL OR DISCIPLINARY ACTION BEING TAKEN AGAINST ANY TEACHING OR SCHOOL ADMINISTRATIVE LICENSE.

CERTIFICATION OF INFORMATION

I certify that all information contained on and submitted with this application is to the best of my knowledge true and accurate. I understand that misrepresentation of facts or falsification of statements or accompanying documents may result in denial of licensure and could affect the status of my other teaching or school administrative licenses.

_____ _____

Signature of Applicant Date

Complete the next page

only if you answered "yes"

to question 1 or 4.

CONDUCT REVIEW STATEMENT, continued

Complete this page only if you answered "yes" to question 1 or 4 on page four (4).

APPLICANT CONVICTION/OUTSTANDING CHARGE INFORMATION

PLEASE COMPLETE A SEPARATE FORM FOR EACH CONVICTION OR OUTSTANDING CHARGE. YOU MAY PHOTOCOPY THIS FORM.

1. Convicted or currently charged with:

2. Level of offense (check one): ☐ Felony ☐ Gross Misdemeanor ☐ Misdemeanor

3. Date of offense:

4. Name of arresting agency (police, county sheriff, etc.):

5. Court Jurisdiction (i.e., Hennepin County District Court, Minneapolis., Minnesota):

6. Plea and conditions of probation, if any:

7. Date of release from probation:

8. If still on probation, name and telephone number of probation officer:

_____ _____-_____-_____
Name Telephone Number

9. Details of the incident:

VERIFICATION/AUTHORIZATION OF INFORMATION

I verify the foregoing information is true and correct. I hereby authorize the above listed courts and law enforcement agencies to release any information concerning me to the Minnesota Board of Teaching.

_____ _____
Printed Name Date of Birth

_____ _____
Signature Date

MINNESOTA DEPARTMENT OF EDUCATION (MDE)
Educator Licensing
1500 Highway 36 West • Roseville, MN 55113-4266
651-582-8691 • FAX 651-582-8809
WEB: http://education.state.mn.us e-mail: 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 practice: 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.

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 http://education.state.mn.us. Teacher retirement information is available from the Minnesota Teacher Retirement Association at 651-296-2409 or at www.tra.state.mn.us.

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.

COMPLETE PACKET SUBMISSION CHECKLIST

For **ALL** applications, please submit:

- ☐ A **completed** application for an addition to a Minnesota Education License form, including the conduct review statement pages, with required signatures and dates.
  Make sure the appropriate sections of the form have been completed and signed, if necessary, as noted in section 2 of the application form. For all applications, complete sections 2 and 3.
- ☐ A check or money order for $62.70 payable to "Commissioner of MDE" must accompany this application. All fees are nonrefundable.

In addition to the above items, please submit:

- ☐ **Teachers and School Administrators:** Section 5 must be completed by the appropriate certification officer/registrar. An applicant who has taken the Minnesota-required examinations in another state and has achieved Minnesota's minimum passing scores should attach the entire original official score report; the original score report will be returned to the applicant. For **administrative** licensure, complete section 6 **to verify education employment**; see section 6 of the application form for additional information.
- ☐ **Related Services Personnel:** Section 5 and 6 are not required for school psychologist, speech-language pathologist, school nurse, or school social worker licensure. Sections 5 and 7 are not required for school counselor licensure if the applicant completed a preparation program for school counseling accredited by the Council for the Accreditation of Counseling and Related Educational Personnel (CACREP). Sections 5 is required if the program completed was **not** CACREP accredited. In addition to submitting official transcripts from all institutions in the college/university sealed envelope, the following item(s) must also be submitted with the application: **school nurse**, a copy of both current licensure as a Minnesota registered nurse **and** current registration as a Minnesota public health nurse; **school social worker**, a copy of the current wallet size Minnesota Board of Social Work license.