

# Minnesota Administrative License Application

## Application General Information and Checklist

**General Information:** A Minnesota Director of Special Education, Principal, or Superintendent licensure candidate must have completed a master's degree and an administrative specialist, doctorate, or a school administrator program consisting of 60 semester credits beyond a bachelor's degree, along with three years of teaching experience.

A Minnesota Community Education Director licensure candidate must have completed a bachelor's degree and a Director of Community Education preparation program consisting of at least 20 semester credits.

An initial administrative license is valid for two years and does not require administrative clock hours. After one year of administrative experience while holding a Minnesota administrative license, the initial two-year license may be moved to a continuing five-year administrative license. A five-year license may be renewed pending renewal requirements which include 125 pre-approved administrative clock hours. Both the two-year and five-year licenses expire on June 30 of the expiration year and may be renewed an unlimited number of times.

A two-year nonrenewable provisional license may be issued to out-of-state applicants that do not meet all requirements for Minnesota licensure. The two-year nonrenewable provisional license requires [enrollment](#) in a Minnesota Administrator preparation program before the license can be issued.

### ALL APPLICATIONS MUST INCLUDE THE FOLLOWING TO BE CONSIDERED

Review and check the below list to ensure you have completed the required paperwork and included all required materials for submission. All applications must include Sections 1, 2, 3, 4, 5, and 6. Initial applicants must also include Section 8.

- Application processing fee in the form of a check or money order made payable to "PELSB."**
  - For applicants without a Minnesota file folder number: an application and fingerprint card fee of \$90.25.
  - For existing Minnesota license holders: an application fee of \$57.00 (fingerprint card is not required).
- Fingerprint card completed for first-time applications, signed and dated. Be sure NOT to fold or bend the card.**
  - To request a fingerprint card, please [email](mailto:pelsb@state.mn.us) PELSB staff at pelsb@state.mn.us or call 651-539-4200 (option 1) and include your full name and current mailing address in your message. The subject line of the email should be "Fingerprint Card Request." Include the completed fingerprint card with the complete application.
- Official transcripts from all regionally accredited colleges or universities attended in an institution's sealed envelope or electronically submitted directly from the institution to the [PELSB](#) general email box. Earned degrees must be posted on transcripts.**
  - If you are adding a new licensure field to an existing Minnesota license, submit transcripts that have not been previously submitted and/or that are related to the licensure field requested.
  - For individuals with preparation completed outside of the United States or its territories, transcripts must be evaluated by a foreign credential evaluation service. The [National Association of Credential Evaluation Services](#) (NACES) and the [Association of International Credential Evaluators](#) (AICE) have a list of approved providers. Please mail the original course-by-course evaluation of your foreign preparation to PELSB.
- Completed application, signed, dated, and including Sections 1-4.**
  - **Home Address:** Your home address remains private if a designated address is supplied. If there is no designated address, the home address does not remain private after a license is issued.
  - **Designated Address:** Your designated address may be a residence, PO Box, or place of business. Please note that the address you designate on this form does not remain private after a license is issued.

- Section 5A: Conduct Review Statement completed, signed and dated AND, if you answered YES to questions 1, 2, 3, 4, or 6, complete Section 5B. If you answered YES to questions 5, 7, 8, 9, 10, 11, or 12, include the additional materials requested.**
- Section 6: Verification of Completion of a State-approved Licensure Program**
  - This form must be completed, signed and dated by the administrative preparation program's certifying officer.
- Section 7: Verification of Administrative Work Experience**
  - This form must be completed, signed, and dated by an authorized official.
- Section 8: Verification of Teaching Experience for Initial Administrative License**
  - This form must be completed, signed, and dated by an authorized school official.
- Section 9: *Out-of-State Applicants Only* - Verification of Enrollment in a Minnesota Administrator Preparation Program**
  - This form must be completed, signed, and dated by an authorized Minnesota school licensing official.
  - This form is for out-of-state applicants that have not met the Minnesota administrative licensure requirements and are requesting a nonrenewable two-year license.

**PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED**

# Instructions for a Minnesota Administrative License Application

It is the applicant's responsibility to submit the required items in ONE complete packet to PELSB. To ensure the submission of a complete packet, review and follow the instructions below.

*A check or money order payable to "PELSB" must be included. This is a non-refundable processing fee.*

- Initial/First-Time Minnesota License Application Fee: \$90.25 which includes fingerprint card fee. Request a fingerprint card from PELSB. Include the completed fingerprint card with the complete application.
- Existing Minnesota License Holder Application Fee: \$57.00 (does not require a fingerprint card.)

Mailing Address	Telephone Number	Web Address	Email Address
PELSB 1021 Bandana Blvd. East, Suite 222 Saint Paul, MN 55108-5111	651-539-4200	<a href="https://mn.gov/pelsb/">https://mn.gov/pelsb/</a>	<a href="mailto:pelsb@state.mn.us">pelsb@state.mn.us</a>

[Minnesota Administrative Rule 3512.0200](https://www.revisor.mn.gov/rules/3512.0200/) (<https://www.revisor.mn.gov/rules/3512.0200/>)

## Important Information

- If this is an initial Minnesota license, you will need to include a completed fingerprint card. You will pay the \$90.25 fee. Include the completed fingerprint card with the complete application.
- The Board of School Administrators (BOSA) requests separate annual fees that are not associated with the PELSB license processing fee. Refer to the [BOSA website](#) about additional fee information.
- If you are adding a new licensure field to or renewing an existing Minnesota license, you do not need to complete a fingerprint card or send documentation that relates to your existing license. You will ONLY send documentation that is new since your last application AND pertains to the licensure field you are requesting on this application.

## Section 1: Applicant Information

- Name: Provide your legal name as it appears on your social security card. If you are adding a new licensure field to an existing Minnesota license AND you have a NAME CHANGE, **please go to the [online licensing system](#) to change your name.**
- Social Security or Individual Taxpayer Identification Number: [Minnesota Statute 270C.72, Subdivision 4](#) requires all agencies that issue licenses to collect social security (SSN) or individual taxpayer identification (ITIN) numbers as part of the application. Your application will be deemed incomplete if not provided. Indicate that you do not have a SSN/ITIN by checking the box in this section.
- Email: It is important to provide an email address that you have access to throughout the year. Important information will be sent to this email address, including instructions on how to print the e-license.
- **Home Address: Your home address remains private if you enter a separate designated address. If there is no designated address, the home address does not remain private after the license is issued.**
- **Designated Address: Your designated address may be a residence or place of business. Please note that the address you designate on this form does not remain private after a license is issued.**
- Ethnicity/Race: This section is optional and will not affect the decision of the application. You may choose more than one option.

## Section 2: Application Type

- Be sure to include the name of the licensure field you are requesting on this application, such as Community Education Director, Director of Special Education, Principal, or Superintendent.
- If you hold an existing Minnesota license and are adding an administrative licensure field only with this application, be sure to indicate this by checking the statement in this section.

- If you are adding an administrative licensure field AND renewing an existing Minnesota administrative or teaching license with this application, indicate that you are adding and renewing by checking the statement in this section. All required clock hours must be reported before you apply. **For renewals only or to move from a two-year to a five-year administrative license, please use the [Online License Renewal System](#).**

### Section 3: Educational Background

- All first-time applicants must complete this section.
- If adding a licensure field, only include information since your last license was issued.
- All Minnesota administrative license applicants must verify a bachelor's degree.
- Director of Community Education license applicants must evidence completion of a program including a minimum of twenty semester credits.
- Director of Special Education, Principal and Superintendent licensure applicants must verify an administrative specialist, doctorate, or master's degree and completion of a school administration program consisting of a minimum of 60 semester credits beyond the bachelor's degree.
- [Out-of-state candidates](#) must also verify that the program completed is "substantially equivalent" to a Minnesota program by providing BOSA evidence of meeting at least 80% of Minnesota leadership and licensure-specific competencies.
- Official transcripts are required from **ALL** regionally accredited institutions.
- Official transcripts in an institution's sealed envelope must be included with the rest of the required application materials for licensure or transcripts may be electronically submitted directly from the institution to the [PELSB](#) general email box. Earned degrees must be posted on the transcripts. All mailed materials must be submitted in one complete packet.
- Only submit official transcripts that have not been submitted previously.

### Section 4: Licensure Requirements

- All applicants must complete this section.
- If you hold an educator and/or administrative license in another state, include a copy of the license.

### Section 5: Conduct Review

- All applicants are required to complete Section 5A.
- If this is NOT your first application for a Minnesota education license, your answers on the conduct review statement apply only to the period **since your last license was issued**.
- If you answered YES to questions 1, 2, 3, 4, or 6; complete Section 5B.
- If you answered YES to questions 5, 7, 8, 9, 10, 11, or 12; include the additional materials requested.

### Section 6: Verification of Completion of a State-Approved Licensure Program

- All applicants must complete this section.
- For each administrative placement, separate the grade level and include the total number of hours spent in each grade level.
- This verification form must be completed, signed, and dated by the certifying officer where the administrator preparation program was completed.

### Section 7: Verification of Administrative Work Experience

- Submit this completed form if providing evidence of out-of-state administrative work experience. If you currently hold a Minnesota two-year administrative license, only use this form if you are adding another administrative field **AND** moving from a two-year to a five-year administrative license.
- **If you are only moving from a two-year to a five-year administrative license, please use the [Online License Renewal System](#).**

- The appropriate authorized individual or organization must complete the verification.

## Section 8: Verification of Teaching Experience for Initial Administrative Licensure

- This form is for initial administrative license applications only.
- The appropriate authorized individual or organization must complete the verification.

## Section 9: Verification of Enrollment in a Minnesota Administrator Preparation Licensure Program

- **For out-of-state applicants only:** submit this form to evidence [enrollment](#) in a Minnesota administrative licensure program for a two-year nonrenewable provisional license.
- This form must be completed, signed and dated by an authorized Minnesota administrative preparation program official.

### Privacy Statement:

The data you provide on an application for Minnesota education licensure will be used by Minnesota Professional Educator Licensing and Standards Board to assess your qualifications for licensure. You are not legally required to provide this data. However, if you fail to provide information, PELSB may be unable to process your license application. Until licensure is granted, the information you provide on the application is private data, accessible to only you, PELSB, its staff, and/or staff of the Attorney General's Office representing PELSB. Your application and all submitted application materials, except your Social Security number, become public data if licensure is granted, according to [Minnesota Statute 13.41, Subdivision 5](#).

Under [Minnesota Statute 270C.72](#), PELSB is required to provide your Social Security number to the Minnesota Commissioner of Revenue. This information may be used to deny the issuance and renewal of your license or to revoke your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. PELSB will provide only your Social Security number to the Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to share this information to the Internal Revenue Service. Failing to supply this information may jeopardize or delay the issuance or your license or processing your renewal application.

When working with required data reporting from Minnesota public school districts, PELSB will use your private or confidential data only for purposes of confirming unique identity. PELSB staff having access to this data are only those working directly with licensing or the data reporting systems.

# Application for a Minnesota Administrative License

**General Information and Instructions:** a partial or incomplete application packet will be returned to the applicant for completion and resubmission. To ensure the submission of a complete packet, review and follow the instructions and checklist.

**A completed Conduct Review Statement must accompany every application.**

If you have questions, call 651-539-4200, go to the [website](https://mn.gov/pelsb/) at <https://mn.gov/pelsb/>, or send an [email](mailto:pelsb@state.mn.us) to [pelsb@state.mn.us](mailto:pelsb@state.mn.us)

A check or money order payable to "PELSB" must be included. **This is a non-refundable processing fee.**

- Initial/First-Time Minnesota License Application Fee: \$90.25 which includes a fingerprint card fee. Request a fingerprint card from PELSB. Include the completed fingerprint card with the complete application.
- Existing Minnesota License Holders Application Fee: \$57.00 (does not require a fingerprint card).

## Section 1: Applicant Information

<b>MINNESOTA FILE FOLDER NUMBER</b>		Enter MN File Folder Number, if applicable.		<b>REGISTER NUMBER (for state use only)</b>		
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	<b>Previous Name</b>	
<b>Social Security Number/ITIN (required)</b> <input type="checkbox"/> Check here if you do not have a SSN/ITIN			<b>Birthdate: mm/dd/yyyy</b>		<b>Gender (optional)</b> <input type="radio"/> Male <input type="radio"/> Female	
<b>Contact Information:</b>	<b>Daytime Telephone Number</b>		<b>Email Address (PELSB communications will be sent to this email address.)</b>			
<b>Home Address:</b>	<b>Street</b>		<b>City</b>		<b>State</b>	<b>ZIP Code</b>
<b>Designated Address:</b>	<b>Street</b>		<b>City</b>		<b>State</b>	<b>ZIP Code</b>
<b>Ethnicity/Race (optional; choose all that apply)</b>	<input type="radio"/> Alaskan Native/ American Indian	<input type="radio"/> Asian	<input type="radio"/> Black/African American	<input type="radio"/> Native Hawaiian/ Pacific Islander	<input type="radio"/> Hispanic/ Latino	<input type="radio"/> White

## Section 2: Application Type

<b>Enter the name of the LICENSURE FIELD(S) you are requesting:</b>	
<input type="checkbox"/> CHECK HERE if you are adding an administrative licensure field to an existing Minnesota license.	
<input type="checkbox"/> CHECK HERE if you are adding an administrative field AND renewing a Minnesota administrative or teaching license.	
<i>All clock hours must be reported before applying.</i>	

## Section 3: Educational Background

Use the following Degree Codes:					
0 – No Degree	1 – Associate’s Degree	2 – Bachelor’s Degree	3 – 5 <sup>th</sup> Year/Non-degree Program	4 – Master’s Degree	5 – Specialist
6 – Doctorate					
<b>College or University</b>	<b>Located at (city and state)</b>	<b>Degree Code</b>	<b>Date of Degree</b>	<b>Degree Field</b>	<b>FOR STATE USE ONLY College Code</b>

Name	File Folder Number
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## Section 4: Licensure Requirements

**For Principal, Director of Special Education, or Superintendent:**

○	<p><b>1. Meets at least one of the following degree requirements: Submit official transcripts in an institution's sealed envelope or send electronically directly from the institution to the PELSB general email box. Earned degrees must be identified on the transcripts.</b></p> <hr style="border-top: 1px dotted #000;"/> <p><input type="checkbox"/> a. Master's degree with a specialist degree in school administration,</p> <hr style="border-top: 1px dotted #000;"/> <p><input type="checkbox"/> b. OR a master's degree with a doctoral degree in school administration,</p> <hr style="border-top: 1px dotted #000;"/> <p><input type="checkbox"/> c. OR a master's degree and completion of a school administration program consisting of a minimum of 60 semester credits beyond the bachelor's degree.</p> <hr style="border-top: 1px dotted #000;"/> <p><input type="checkbox"/> d. Option for out-of-state applications: master's degree in school administration only and/or has not met the <a href="#">80% equivalency</a> of a Minnesota program: must verify enrollment in a Minnesota administrative license program: <b>submit Section 9.</b></p>
○	<p><b>2. AND completion of an approved Minnesota or out-of-state administrative preparation program: all applications must submit Section 6.</b></p> <hr style="border-top: 1px dotted #000;"/> <p><input type="checkbox"/> a. An approved Minnesota administrative preparation program,</p> <hr style="border-top: 1px dotted #000;"/> <p><input type="checkbox"/> b. OR a state-approved administrative preparation program outside of Minnesota.</p>
○	<p><b>3. AND have three years of classroom teaching experience. For all initial administrative license applications, submit Section 8.</b></p> <hr style="border-top: 1px dotted #000;"/> <p><input type="checkbox"/> a. For Superintendent or Principal: Three years combined experience as the teacher of record, school psychologist, school social worker, speech-language pathologist, or school counselor.</p> <hr style="border-top: 1px dotted #000;"/> <p><input type="checkbox"/> b. For Director of Special Education: Three years combined experience as a special education teacher of record, school psychologist, school social worker, or speech-language pathologist.</p>

**For Community Education Directors:**

○	<p><b>1. Bachelor's degree: submit official transcripts from all regionally accredited institutions in the institution's sealed envelope or send electronically directly from the institution to the PELSB general email box. Earned degrees must be identified on the transcripts.</b></p>
○	<p><b>2. AND completion of an approved Minnesota or out-of-state Director of Community Education preparation program consisting of a minimum of 20 semester hours: all applications must submit Section 6.</b></p>

## Section 5A: Conduct Review Statement

(required for ALL applications)

Last Name	First Name	Middle Name	Previous Name
File Folder Number		Social Security Number/ITIN (required)	
Birthdate: mm/dd/yyyy		FOR STATE USE ONLY	

**You must answer all questions completely and provide all requested information. Failure to answer any of the questions in a truthful manner or failure to provide the information requested could lead to denial of any educator license. Check 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 the Supplemental Information Form or other sheets of paper.**

**If you are completing the conduct review for a renewal of or addition to an existing Minnesota license, only disclose incidents that have occurred since your last license was issued.**

Yes    No   1. Have you ever been convicted of a crime?

A “crime” means conduct which is prohibited by statute and for which the actor may be sentenced to imprisonment, with or without a fine. Crimes include misdemeanors, gross misdemeanors, and felonies. DWIs and DUILs are included in this definition and must be disclosed. Do NOT include petty misdemeanors in your disclosures as these are not crimes.

The term “conviction” includes a finding of guilt by a jury or judge, an admission of guilt or a plea of guilty, an Alford plea (a plea without admission of guilt), a plea of “no contest,” and/or charges that have resulted in a stay of imposition of sentence. If your criminal conviction has been expunged by a court order, you do NOT need to disclose the conviction; however, you may first wish to verify if your conviction is subject to full expungement versus a court records expungement (“inherent authority expungement”). Inherent authority expungement orders do not prohibit convictions from showing up on a background check. Convictions subject to an inherent authority expungement need to be disclosed.

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Yes    No   2. Have you ever been referred to a pre-trial diversion program after being arrested?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Yes    No   3. Have you ever been acquitted, found not guilty, or given a stay of adjudication of a criminal offense involving sexual conduct, homicide, assault, or any other crime involving violence?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.



Name	File Folder Number
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*CONDUCT REVIEW STATEMENT continued*

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- Yes  No 4. Are any criminal charges currently pending against you in Minnesota or any other state (this includes a pending stay of adjudication)?
- If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.
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- Yes  No 5. Have you ever been the subject of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?
- If you answered "yes," you must attach materials explaining the type of protective order, the date action was taken, the final order document, the court file number, and the court/county involved.
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- Yes  No 6. Have you ever been found in violation of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?
- If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.
- 
- Yes  No 7. Have you ever been the subject of a maltreatment finding or disqualification by the Minnesota Department of Education, the Minnesota Department of Human Services, a county human services office or similar agency in Minnesota or another state?
- If you answered "yes," you must attach materials explaining the type of action, the date action was taken, the final order document, and the agency involved.
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- Yes  No 8. Have you ever had an education or other occupational license revoked, suspended, denied, subject to a stayed suspension/probation, or received a formal reprimand in Minnesota or any other state?
- If you answered "yes," you must attach material explaining the type of license, the date action was taken, the final decision document, and the agency involved.
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- Yes  No 9. Have you ever voluntarily surrendered or terminated an education or other occupational license because of misconduct?
- If you answered "yes," you must attach material explaining the basis for the surrender/termination, type of license, location, date of surrender/termination, and agency involved.
- 
- Yes  No 10. Is disciplinary action/a misconduct investigation against your teaching, administrative, or other occupational license currently pending in Minnesota or another state?
- If you answered "yes," you must attach material explaining the action or charges, location, date, status of investigation and board/employer involved.
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<b>Name</b>	<b>File Folder Number</b>
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*CONDUCT REVIEW STATEMENT continued*

- Yes  No 11. Have you ever been terminated, suspended, resigned from or otherwise left an employment position after allegations of misconduct were made against you or when an investigation into those allegations was pending?

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

- Yes  No 12. 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?

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

**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 EDUCATOR LICENSE.**

**Certification of Information**

I certify the foregoing information is true and correct. I hereby authorize any listed courts and law enforcement agencies identified in this application to release any information concerning me to the Minnesota Professional Educator Licensing and Standards Board (PELSB).

<b>Signature of Applicant: Signature may be digitally signed, but not merely typed.</b>	<b>Date</b>
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Name	File Folder Number
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<p><b>Section 5B: Supplemental Information Form</b>          (required only if you answered "YES" to questions 1, 2, 3, 4 or 6)</p>
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*Please photocopy and complete a separate form for each conviction or outstanding charge.*

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:

9. Details of incident:

<p><b>Verification/Authorization of Information</b></p>
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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 Professional Educator Licensing and Standards Board.

File Folder Number	Printed Name	Date of Birth	
Signature of Applicant: Signature may be digitally signed, but not merely typed.			Date

Name	File Folder Number
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## Section 6: Verification of Completion of a State-Approved Licensure Program

**This section is to be completed by the state-approved licensure program certification officer.**

The state-approved administrative preparation program is from OUTSIDE of Minnesota AND (check all that apply): <input type="radio"/> a regionally accredited program <input type="radio"/> an alternative preparation program	The state-approved administrative preparation program is: <input type="radio"/> a Minnesota state-approved program <input type="radio"/> a Minnesota alternative pathway program
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<b>Internship</b>					
<b>For all administrative licenses</b> , include the administrative field. <i>For out-of-state internships</i> , list each placement separately by grade level: elementary, middle and/or high school, and include the number of hours spent in each placement. License issuance may be delayed without this information.					
School or District Where Internship was Completed	Licensure Field(s)	Grade Level(s)	Hours of Internship	Dates	
				Start	End

<b>Licensure Program Completed</b>		
<i>Indicate the specific administrative licensure field and grade levels associated with the program completed.</i>		
Licensure Field	Grade Levels	Date Preparation Program Completed

**I confirm this information is correct.**

Print Name of Certification Officer or Registrar		Title	
Email Address for Certification Officer or Registrar		Telephone Number for Certification Officer or Registrar	
Name of Institution		Location (city, state, ZIP code)	
Signature of Certification Officer or Registrar			Date

<b>Name</b>	<b>File Folder Number</b>
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**Section 7: Verification of Administrative Work Experience**

Submit this completed form if providing evidence of out-of-state administrative work experience. If you currently hold a Minnesota two-year administrative license, only use this form if you are adding another administrative field **AND** moving from a two-year to a five-year administrative license. Provide the title of the position and grade level of the students as indicated by the Human Resources Department in the district where the work was performed.

Do not include internships, practicum experiences or experiences gained while not properly state authorized/licensed for the position. Do not include leaves of absence.

School District Name	Located at (city and state)	Dates of Service (mm/dd/yyyy)		Title of Position Held	Grade Levels
		From	To		

**I confirm this information is correct.**

<b>Human Resources Contact Name</b>		<b>Six-Digit District Number (XXXX-XX)</b> (only required for Minnesota schools)
<b>Human Resources Email Address</b>		<b>Human Resources Telephone Number/Ext</b>
<b>Printed Name of the Superintendent, Director, or Charter School Administrator</b>		
<b>Signature of the Superintendent, Director, Charter School Administrator, or HR Director</b>		<b>Date</b>

<b>Name</b>	<b>File Folder Number</b>
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**Section 8: Verification of Teaching Experience for Initial Administrative Licensure**

Verification, by an authorized official, of three years of combined successful classroom teaching, school psychologist, school social worker, speech-language pathologist, or school counselor experience in the field which the applicant held a valid license to practice is required for an initial Director of Special Education, Principal, and Superintendent 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 is required. 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.

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.

<b>Teaching Experience</b>						
<b>District/School Name</b>	<b>Location (city, state)</b>	<b>Dates of Employment</b>		<b>Percentage Fulltime</b>	<b>Specific Related Service or Subject(s) Taught</b>	<b>Grade Level Taught</b>
		<b>Start</b>	<b>End</b>			

**I confirm this information is correct.**

<b>Name of District or Charter School</b>		<b>Six-Digit District Number (XXXX-XX)</b> (only required for Minnesota schools)	
<b>Mailing Address (city, state, ZIP code)</b>			
<b>Printed Name and Title of Authorized Official</b>		<b>Email Address</b>	
<b>Signature of Authorized Official</b>		<b>Date</b>	<b>Ten-Digit Telephone Number</b>

Name	File Folder Number
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**Section 9: Verification of Enrollment in a Minnesota Administrator Licensure Preparation Program**

**For out-of-state applicants only**, this form must be completed by the authorized official of the Minnesota administrator licensure preparation program where the applicant is enrolled.

<b>Minnesota Administrator Program Verification</b>
<p>As the authorized official of the Minnesota administrator licensure preparation program, my signature verifies that the applicant is enrolled in the following licensure field(s) beginning on (date: mm/dd/yyyy) _____:</p> <p>(Check all that apply)</p> <p><input type="checkbox"/> Principal</p> <p><input type="checkbox"/> Special Education Director</p> <p><input type="checkbox"/> Superintendent</p>

**I confirm this information is correct.**

<b>Print Name of Authorized Official</b>		<b>Title</b>
<b>Email Address for Authorized Official</b>		<b>Telephone Number for Authorized Official</b>
<b>Name of Institution</b>	<b>Location (city, state, ZIP code)</b>	
<b>Signature of Authorized Official</b>		<b>Date</b>