

Minnesota Administrative License Application

Application General Information and Checklist

General Information: A Minnesota administrative licensure candidate must have completed an administrative specialist, doctorate, or a program consisting of 60 semester credits beyond a bachelor's, along with three years of teaching experience. 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 two-year license may be moved to a 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.

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, 6 and 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." The fingerprint card must be submitted with the complete application.
- Official transcripts from all regionally accredited colleges or universities attended in an institution's sealed envelope. In most instances, 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) has 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.**
 - **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.
 - **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.
- 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 Program**
 - This form must be completed, signed and dated by the administrative program's certifying officer.
- Section 7: Verification of Administrative Work Experience Form**
 - This form must be completed, signed, and dated by an authorized school official.
- Section 8: Verification of Teaching Experience for Initial Administrative License**
 - This form must be completed, signed, and dated by an authorized school official.

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.

- First-Time Minnesota License Application Fee: \$90.25 which includes fingerprint card fee. Request a fingerprint card from PELSB and include 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	https://mn.gov/pelsb/	pelsb@state.mn.us

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

Important Information

- This application is for an initial administrative license only.
- 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 fingerprint card with the complete application.
- 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 attach a [Name Change Authorization](#) form. This form is on the PELSB website, under "Current Educators" and "License Requirements and Forms."
- 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.
- 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.
- **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.**
- **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.**
- Ethnicity/Race: This section is optional and will not affect the decision of the application.

Section 2: Application Type

- Be sure to include the licensure field you are requesting on this application, such as Principal, Superintendent, Director of Special Education, or Community Education Director.
- 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 only adding an administrative licensure field AND renewing an existing Minnesota administrative license with this application, indicate that you are adding and renewing by checking the statement in this section. **For renewals only or to move from a two-year to a five-year administrative license, use the [Minnesota Educator Renewal License Application](#).**

Section 3: Educational Background

- All individuals must complete this section.
- Minnesota administrative license applicants must verify a bachelor's degree and an administrative specialist, doctorate, or the equivalent of 30 semester credits beyond the master's degree. Official transcripts are required from ALL regionally accredited institutions. Transcripts previously submitted are not required.
- Official transcripts in an institution's sealed envelope must be included with the rest of the required application materials for licensure. Earned degrees must be posted on the transcripts. All mailed materials must be submitted in one complete packet.

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.
- This verification form must be completed by the official certification officer at the recommending college, university, or institution.

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, use the [Minnesota Educator Renewal License Application](#).**
- The appropriate authorized individual or organization must complete the verification.

Section 8: Verification of Teaching Experience for Initial Administrative Licensure

- If you are applying for an initial administrative license, submit Section 8.
- The appropriate authorized individual or organization must complete the verification.

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 [Minn. Stat. § 13.41, Subd. 5](#).

Under [Minn. Stat. § 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

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

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

Section 1: Applicant Information

MINNESOTA FILE FOLDER NUMBER		Enter MN File Folder Number, if applicable.		REGISTER NUMBER (for state use only)	
Legal Last Name		Legal First Name		Legal Middle Name	Previous Name
Social Security Number/ITIN (required)			Birthdate: mm/dd/yyyy		Gender (optional) <input type="radio"/> Male <input type="radio"/> Female
Contact Information:	Daytime Telephone Number		Email Address (PELSB communications will be sent to this email address.)		
Designated Address:	Street		City		State
Home Address:	Street		City		State
ZIP Code					
ZIP Code					
Ethnicity/Race (optional) <input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Hawaiian/ Pacific Islands <input type="radio"/> Hispanic/ Latino <input type="radio"/> White					

Section 2: Application Type

Enter the name of the LICENSURE FIELD(S) you are requesting:	
<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 an administrative Minnesota license only.	

Section 3: Educational Background

Use the following Degree Codes: 0 – No Degree 1 – Associate’s Degree 2 – Bachelor’s Degree 3 – 5th Year/Non-degree Program 4 – Master’s Degree 5 – Specialist 6 – Doctorate

College or University	Located at (city and state)	Degree Code	Date of Degree	Degree Field	FOR STATE USE ONLY College Code

Name	File Folder Number
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Section 4: Licensure Requirements

The applicant meets the educational or professional requirements:

- 1. **Meets at least one of the following degree requirements: submit official transcripts from all regionally accredited institutions in the institution's sealed envelope. Earned degrees must be posted on the transcripts.**
 - a. Master's degree with a specialist degree in school administration,
 - b. OR a master's degree with a doctoral degree in school administration,
 - c. OR a master's degree in school administration with a minimum of 60 semester credits beyond the bachelor's degree.
 - d. Option for out-of-state applications: master's degree in school administration only.
- 2. **AND completion of a Minnesota-approved or out-of-state administrative preparation program: all applications must include Section 6.**
 - a. An approved Minnesota administrative preparation program,
 - b. OR a state-approved administrative preparation program outside of Minnesota.
- 3. **AND have three years of classroom teaching experience. For all initial administrative license applications, complete Section 8.**

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. 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.

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.

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 DUIs 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.
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- 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.
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- 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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Name	File Folder Number
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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).

Signature of Applicant	Date
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Section 5B: Supplemental Information Form
(required only if you answered "YES" to questions 1, 2, 3, 4 or 6)

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:

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 Professional Educator Licensing and Standards Board.

File Folder Number	Printed Name	Date of Birth	
Signature of Applicant			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.

<p>The state-approved administrative preparation program is from OUTSIDE of Minnesota AND (check all that apply):</p> <p><input type="radio"/> a regionally accredited program</p> <p><input type="radio"/> an alternative preparation program</p>	<p>The state-approved administrative preparation program is:</p> <p><input type="radio"/> a Minnesota state-approved program</p> <p><input type="radio"/> a Minnesota alternative pathway program</p>
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Practicum/Internship				
<i>For all administrative licenses, include the administrative field and grade level of students served in each placement. License issuance may be delayed without this information.</i>				
School/District/Organization	Licensure Field(s)	Grade Level(s)	Dates	
			Start	End

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

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

Name	File Folder Number
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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.

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

Name	File Folder Number
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Section 8: Verification of Teaching Experience for Initial Administrative Licensure

Verification, by an authorized official, of three years of successful classroom teaching experience in the field 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 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.

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

I confirm this information is correct.

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