

Minnesota Educator Tier 1 or Tier 2 Career and Technical Education (CTE) or Career Pathways License Application

Application General Information and Checklist

General Information: A Career and Technical Education (CTE) or Career Pathways licensure candidate is not required to hold a bachelor's degree. The candidate must verify five years of closely related work experience, an associate's degree, OR a professional certification from an approved certifying organization that is directly aligned to the CTE or Career Pathways licensure field being requested. A bachelor's degree may be used in lieu of the above requirements. If a candidate holds a Tier 2, 3, or 4 license, the district must apply for an [out-of-field permission](#) rather than a Tier 1 license to be able to teach outside their licensure field. **Tier 1 and Tier 2 applications may be submitted on or after July 1 for the upcoming school year needed. If you are applying for a Tier 3 or Tier 4 license, use the [Tier 3 or Tier 4 application](#).**

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, and 5.

- Application processing fee in the form of a check or money order made payable to "PELSB."**
 - For initial/first-time applicants: an initial application and fingerprint card processing fee of \$90.25.
 - For existing license holders: an application fee of \$57.00 (fingerprint card is not required).
- Fingerprint card completed for initial 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. 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) 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.**
- Completed, authorized signatures, and dates on other required specific tier documents.**
 - Required sections are dependent on the criteria selected in Section 4.

PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for a Tier 1 or Tier 2 CTE or Career Pathways Minnesota Educator 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 Educator 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	https://mn.gov/pelsb/	pelsb@state.mn.us

Career and Technical Education (CTE) Licensure Fields

License Code	License Description	Grade Level
010100	Agriculture	Grades 5-12
140050	Business	Grades 5-12
090100	Family and Consumer Sciences	Grades 5-12
300000	Communications Technology Careers	Grades 7-12
300100	Construction Careers	Grades 7-12
300200	Manufacturing Careers	Grades 7-12
300300	Medical Careers	Grades 7-12
300400	Creative Design Careers	Grades 7-12
300500	Early Childhood Careers	Grades 7-12
300600	Hospitality Service Careers	Grades 7-12
300700	Transportation Careers	Grades 7-12
160000	Work-based Learning (only added with another license that includes grades 9-12)	Grades 9-12

Career Pathways Education Licensure Fields

License Code	License Description	Grade Level
092602	Cosmetology	Grades 9-12
092603	Law Enforcement	Grades 9-12

Important Information

- Only use this application to apply for a **Tier 1 or Tier 2 CTE or Career Pathways license in the above licensure fields.**
- If this is an initial Minnesota license or you have only held a Community Expert permission, completion of a fingerprint card and submission of official transcripts is required. You will pay the \$90.25 fee. Include the completed fingerprint card with the complete application.
- If you are adding a new licensure field to or renewing an existing Minnesota license, do not 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 or renewing 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 area you are requesting on this application. Refer to the “Career and Technical Education (CTE) Licensure Fields” or the “Career Pathways Education Licensure Fields” table on page two if you are unsure of the licensure field name.
- If you hold an existing Minnesota license and are adding a new CTE/Career Pathways licensure field with this application, be sure to indicate this by checking the statement in this section.
- If you are renewing or applying for another CTE/Career Pathways Minnesota license with this application, indicate that you are renewing or applying for another license by checking the statement in this section.

Section 3: Educational Background

- Applicants must complete this section. If you do not have a degree, choose degree code 0 or write NO DEGREE.
- If adding a licensure field, only include information since your last license was issued.
- Official transcripts in an institution’s sealed envelope or certifications 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. All mailed materials must be submitted in one complete packet.
- If you hold a Minnesota educator license, only submit official transcripts not previously submitted.
- A copy of any CTE or Career Pathways certificates must be included with the application.
- If you are currently enrolled in an approved Minnesota teacher preparation program for the specific licensure area requested, you must verify enrollment by submitting an original letter from the institution on school letterhead or an unofficial transcript. **This verification must show evidence of the specific licensure area being requested.**

Section 4: Licensure Requirements

- Complete all the sections for the tier licensure level you are requesting.
- If you hold an educator license in another state, please include a copy of the license.
- **For Tier 1 and Tier 2 initial or first-time renewal only**, the applicant must demonstrate that the cultural competency and mental illness training requirements have been met.

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 Work Experience

- If you are using work experience to meet the licensing requirements, the Verification of Work Experience form must be completed, signed and dated by an authorized official. Include this form with your application.

Section 7: District Verification for a Tier 1 License

- A Tier 1 District Verification form must be completed by the district: the licensure field MUST be identified.
- **For an initial request**, the position must be advertised for a minimum of 15 days on a PELSB approved Minnesota state job board before an application can be submitted.
- **If the district is renewing** an applicants' existing Tier 1 job offer, the position must be advertised for a minimum of 60 days on a PELSB approved Minnesota state job board.
- **For first-time renewal (second Tier 1 license) only**: the district must verify that the applicant has completed cultural competency training and mental illness awareness training.

Section 8: District Verification for a Tier 2 License

- A Tier 2 District Verification form must be completed by the district: the licensure field MUST be identified.
- If you are unsure if you qualify for a Tier 2 license AND the district has advertised the position, the district can complete a Tier 1 District Verification Form to submit with this application.
- **For first-time renewal (second Tier 2 license) only**: the district must verify that the applicant has completed cultural competency training and mental illness awareness training.

Section 9: Verification of Enrollment or Meaningful Licensure Program Progress (optional)

- If the Tier 2 license is based on enrollment in a Minnesota teacher preparation program, this form may be used to verify enrollment. If current coursework has been completed, an unofficial transcript may be submitted in lieu of Section 9 if the transcripts show completed coursework in the specific licensure field requested.
- If a Tier 2 license was previously issued based on enrollment in an approved Minnesota teacher preparation program, the applicant must submit this form to verify meaningful progress in the program in order to renew.
- This form must be completed by an authorized official, such as the certifying officer, at the teacher preparation program where the applicant is enrolled.

Section 10: Verification of Teaching Experience

- Have this section completed by an authorized school official and submit with the application if you are providing documentation of teaching experience for a Tier 2.

Section 11: Verification of Completion of a State-Approved Licensure Program

- **This form is required for Tier 2 applicants who have completed a state-approved teacher preparation program and have attempted, but NOT passed the required pedagogy and content examinations** of the Minnesota Teacher Licensure Examinations (MTLE). Refer to the [Minnesota Teacher Licensure Testing Information](#) document for testing information.
- This verification form must be completed, signed, and dated by the certification officer at the recommending preparation program.

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 Tier 1 or Tier 2 CTE or Career Pathways Minnesota Educator 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.**

- Initial/First Time Minnesota Educator License Application Fee: \$90.25 which includes a fingerprint card fee. Request a fingerprint card from PELSB and include with the complete application.
- Existing 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)	
Last Name		First Name		Middle Name	Previous Name
Social Security Number/ITIN (required) <input type="checkbox"/> Check here if you do not have a SSN/ITIN			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.)		
Home Address:	Street		City		State
Designated Address:	Street		City		State
Ethnicity/Race (optional: choose all that apply) <input type="radio"/> Alaskan Native/American Indian <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native 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 additional CTE licensure field to an existing Minnesota CTE license only.	
<input type="checkbox"/> Check here if you are renewing or applying for another Minnesota CTE license.	

Section 3: Educational Background

Use the following Degree Codes:					
0 – No Degree	1 – Associate’s Degree	2 – Bachelor’s Degree	3 – 5 th 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

All CTE/Career Pathways Tiered Licensure Requirement:

All applicants must hold a bachelor’s degree or meet one of the following educational or professional requirements options in the CTE or Career Pathways licensure field being requested.

Check one of the following to continue to the below Tier 1 and Tier 2 licensure requirements.

- a. Holds a bachelor’s degree *(submit official transcripts; the degree must be identified on the transcript)*
- b. **OR** Holds an associate’s or higher degree in an area directly related to the requested licensure field *(submit official transcripts; the degree must be identified on the transcript)*
- c. **OR** Holds professional certification in an area directly related to the requested licensure field *(submit a copy of the certification)*
- d. **OR** Verifies five years of work experience in an area directly related to the requested licensure field *(have Section 6 completed by an authorized official).*

To qualify for	You must meet the additional requirements in	Minnesota Statutes
Tier 1 license	Number 1	https://www.revisor.mn.gov/statutes/cite/122A.181
Tier 2 license	Number 2	https://www.revisor.mn.gov/statutes/cite/122A.182

Tier 1 Licensure Requirements:

1. The applicant has a **job offer**:

- a. Job offer (**required**) from a Minnesota public or charter school *(submit Section 7)*

For the first renewal of a Tier 1 license (second Tier 1 license) only, the applicant demonstrates:

- 1. **Completion of cultural competency training** *(this requirement is not required for further Tier 1 renewals).*
- 2. **Completion of mental illness awareness training, including a minimum of one hour of suicide prevention** *(this requirement is not required for further Tier 1 renewals).*

Tier 2 Licensure Requirements:

2. The applicant has a **job offer** and meets **one of the following** educational or professional requirements in the CTE or Career Pathways licensure field being requested (**check a and at least one of the following b-d**):
- a. Job offer (**required**) from a Minnesota public or charter school (**submit Section 8**) **AND**
 - b. Is enrolled in an approved Minnesota teacher preparation program in the requested licensure field (**submit Section 9 indicating the specific licensure field of enrollment. If current coursework in the licensure area has been completed and the licensure field is evident on the transcripts, an unofficial transcript may be submitted.**) **The verification must show evidence of enrollment in the specific licensure area being requested.**
 - c. **OR** Holds a master's degree in or directly related to the requested licensure field (*submit official transcripts; the degree must be identified on the transcript*)
 - d. **OR** Demonstrates completion of at least **two** of the following (**check at least two of the following**):
 - 1) At least eight upper division (college junior or senior level courses) or graduate level credits directly related to the requested licensure field (*submit official transcripts*).
 - 2) Field-specific methods in a state-approved teacher preparation program, including coursework, directly related to the requested licensure field (*submit transcript or letter from the alternative teacher preparation program that provided the methods training*).
 - 3) Passing scores on the MTLE secondary pedagogy examinations.
 - 4) Completion of a regionally accredited state-approved teacher preparation program directly related to the requested licensure field - **this includes those who have completed a Minnesota approved educator licensure program and have attempted, but NOT passed the secondary pedagogy exams** (*submit official transcripts and have Section 10 completed*).
 - 5) At least two years of teaching experience in the requested licensure field in any state (**submit Section 11**).

IF YOU DO NOT MEET TIER 2 REQUIREMENTS, THEN YOU WILL NEED TO COMPLETE A TIER 1 APPLICATION.

For the first renewal of a Tier 2 license (second Tier 2 license) only, the applicant demonstrates:

- 1. **Completion of cultural competency training** (*this requirement is not required for further Tier 2 renewals*)
- 2. **Completion of mental illness awareness training, including a minimum of one hour of suicide prevention** (*this requirement is not required for further renewals*).
- 3. **Verification of Meaningful Progress (optional):** This form must be completed by an authorized official at the Minnesota teacher preparation program where the applicant is enrolled. This form is required by applicants that indicated they were enrolled in a Minnesota teacher preparation program on their initial Tier 2 license. (**Submit Section 9**)

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, YOUR ANSWERS SHOULD REFLECT THE TIME PERIOD 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.
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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.
-
- 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: Signature may be digitally signed, but not merely typed.	Date
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Name	File Folder Number
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<p>Section 5B: Supplemental Information Form (required only if you answered "YES" to questions 1, 2, 3, 4 or 6)</p>

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>Verification/Authorization of Information</p>

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 Work Experience

If you are using five years of work experience in a closely related content area to qualify for a CTE or Career Pathways license, an authorized official must complete the below work experience information.

Work Experience					
Place of Employment	Location (city, state)	Dates of Employment		Percentage Fulltime	Position Title
		Start	End		

I confirm this information is correct.

Name of Employer	Mailing Address (city, state, ZIP code)		
Printed Name of Authorized Official		Email Address of Authorized Official	
Signature of Authorized Official		Date	Ten-Digit Telephone Number

Name	File Folder Number
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Section 7: District Verification for a Tier 1 License

Complete 1-8 below. Complete question 7, part A and B, as it pertains to the licensed applicants. Use school or district letterhead if additional space is needed. **If this is the applicant's fifth Tier 1 or beyond, Section 7A must also be submitted.**

1. Licensure area requested for this educator:	2. Grade Level:	3. School Year:
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4. Number of days the position was posted:	5. Statewide Job Board (EdPost) ID #:
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6. How many applicants were licensed in the specific licensure area being requested in number 1?

7. How many of the licensed applicants in question six (6) chose not to continue the hiring process?
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A. If 6. **AND** 7. are equal, STOP HERE and complete number 8.

B. If 6. **AND** 7. are not equal, answer the following questions with the **number of applicants that were licensed in the specific licensure area** requested: *(the sum of numbers 1-7 below should equal the difference between questions 6 and 7 above.)*

- 1) Applicants not fluent in the language required for the position _____ Language: _____
- 2) Applicants not willing or unable to apply pedagogical model _____ Model: _____
- 3) Applicants that have had disciplinary action with PELSB _____
- 4) Applicants that have had disciplinary action with the district _____
- 5) Applicants that are unwilling to apply culturally responsive teaching principles _____
- 6) Applicant's references, including the applying district, indicate unwilling or ineligible to rehire _____
- 7) Applicants that applied but accepted other positions within the district _____
- 8) Other: _____

8. As the designated administrator of the employing school district or charter school, my signature verifies the district or charter school (**check all that apply**):

- Is able to affirm that the candidate has the necessary skills and knowledge to teach in the specified licensure area.
- Understands the license is limited to the licensure area indicated on the application and to the district or charter school requesting the license.
- Ensures this teacher will participate in an evaluation.
- Ensures this teacher will participate in a mentorship program.
- Is able to demonstrate the teacher position has been posted, and the district was unable to hire an acceptable teacher with a Tier 2, 3, or 4 license in the specific licensure field requested for this position.

For the first renewal (second Tier 1 license) only *(not required for further renewals)*:

- Affirms that the candidate has participated in cultural competency training.
- Affirms that the candidate has participated in mental illness training, including one hour of suicide prevention.

Print Full Name of District or Charter School		Six-Digit District Number (XXXX-XX)
Human Resource Contact Name	HR Contact Email Address	HR Contact 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: District Verification for a Tier 2 License

1. Enter the Licensure Field Requested for this Educator:	
2. Grade Level:	3. School Year:
<p>4. As the designated administrator of the employing school district or charter school, my signature verifies the district or charter school (check all that apply)</p> <p><input type="checkbox"/> Is able to affirm that the candidate has the necessary skills and knowledge to teach in the specified content area.</p> <p><input type="checkbox"/> Understands the license is limited to the content matter indicated on the application and to the district or charter school requesting the license.</p> <p><input type="checkbox"/> Ensures this teacher will participate in an evaluation.</p> <p>For the first renewal (second Tier 2 license) only (not required for further renewals):</p> <p><input type="checkbox"/> Affirms that the candidate has participated in cultural competency training.</p> <p><input type="checkbox"/> Affirms that the candidate has participated in mental illness training, including one hour of suicide prevention.</p>	

Print Full Name of District or Charter School		Six-Digit District Number (XXXX-XX)
Human Resources Contact Name	HR Contact Email Address	HR Contact 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 9: Verification of Enrollment or Meaningful Licensure Program Progress

If enrollment in a Minnesota teacher preparation program is being used to qualify for a Tier 2 license, this form may be used to verify enrollment.

If a Tier 2 license was previously issued based on enrollment in a Minnesota teacher preparation program, the applicant must submit this form to verify meaningful progress has been made in the program to renew the license.

This form must be completed by an authorized official at the teacher preparation program where the applicant is enrolled.

Enter the Licensure Field in which the applicant is currently enrolled:	
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Check one of the following for renewal only:

The student is making meaningful progress in the Minnesota teacher preparation program in the above licensure field(s).

The student is not making meaningful progress in the Minnesota teacher preparation program in the above licensure field(s).

I confirm this information is correct.

Print Name of Authorized Official	Title	
Email Address for Authorized Official	Telephone Number (including area code)	
Name of Teacher Preparation Program	Location (city, state, ZIP code)	
Signature of Authorized Official		Date

Name	File Folder Number
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Section 10: Verification of Teaching Experience
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If you are using teaching experience in the content area requested to qualify for a Tier 2, this section must be completed by an authorized official.

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)		Email Address	
Printed Name of Authorized Official		Title	
Signature of Authorized Official		Date	Ten-Digit Telephone Number

Name	File Folder Number
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Section 11: 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 teacher preparation program is from OUTSIDE of Minnesota AND (check all that apply): <ul style="list-style-type: none"> <input type="radio"/> a regionally accredited program <input type="radio"/> an alternative preparation program 	The state-approved teacher preparation program is: <ul style="list-style-type: none"> <input type="radio"/> a Minnesota state-approved program
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Student Teaching/Practicum/Internship

Complete this section for all applicants that have student teaching/practicums/internships. Specific CTE field(s) must be identified to avoid delays in license processing.

School Name Where Student Teaching/Practicum was Completed	Licensure Field(s) Taught	Grade Level(s) Taught	Dates	
			Start	End

Licensure Program Completed

Please identify the specific CTE licensure field

Subject/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 Teacher Preparation Program		Location (city, state, ZIP code)	
Signature of Certification Officer or Registrar			Date