

Application for a Lifetime Qualified Short-Call Substitute Teaching License

Professional Educator
Licensing and Standards Board
1500 Highway 36 West
Roseville, MN 55113-4266

General Information and Instructions:

- Submit a completed application and all required documents in one envelope to the Professional Educator Licensing and Standards Board (PELSB) at the above mailing address. Partial or incomplete submissions will be returned to the applicant for completion and resubmission
- To be granted a lifetime qualified short-call substitute license the applicant must be retired and receiving a retirement annuity as a result of the applicant’s teaching experience. The applicant must have been a qualified teacher under Minnesota statutes while holding a continuing five-year teaching license as cited in [Minnesota Statutes 122A.18](#).

A completed application must include:

- Completed application form
- The Verification of Teacher Retirement (Section 3) signed by the appropriate Teacher Retirement Association Official.
- A completed and signed Conduct Review form.
- A check or money order for \$57.00 payable to “PELSB.”

Copies or electronic signatures are NOT accepted. All signatures must be original.

Sections 1 and 2: APPLICANT INFORMATION

Minnesota FILE FOLDER NUMBER	Register Number for state use only
Last Name*:	First Name:
Middle Name:	Previous Name:
<input type="checkbox"/> <i>*Name Change: Check this box and complete the steps indicated on the Name Change Authorization form provided on page 6 of this application for any name changes that have occurred since your last license was issued.</i>	
Mailing Address:	Daytime Telephone Number:
City, State, Zip Code:	
Email Address (required - important information regarding your license will be sent to this address)	
Social Security Number (MN statute 270C.72 requires all agencies that issue licenses to collect Social Security Numbers as part of the application. The application will be deemed incomplete if not provided.)	
Birthday (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Retirement Association File Number:	

Section 3: Teacher Retirement Association Verification

Minnesota File
Folder Number:

Retirement Association
File Number:

Last Name:

First
Name:

Birthdate:

I verify the above named individual is a retired teacher and is now receiving a retirement annuity as a result of teaching experience. The effective date of retirement is:

Teacher Retirement Association records indicate this teacher is not retired and is not now receiving a retirement annuity.

Signature of Teacher Retirement Association Official

Date

Copies and Electronic Signatures NOT accepted, only original signature accepted.

Printed Name of Teacher
Retirement Association Official:

Email Address:

Telephone:

Teacher Retirement
Association Name and State:

Privacy Statement: The data you furnish on and with the Application for Minnesota Education License will be used by the Minnesota Professional Educator Licensing and Standards Board (licensing authority) to assess the applicant's qualifications for licensure. You are not legally required to provide this data; however, if you fail to do so, the agencies may be unable to process the license application for which the data is required. Until licensure is granted, the information in the application is private data, accessible only to you, the Minnesota Professional Educator Licensing and Standards Board, its agents, and/or agents of the Attorney General's Office representing the Minnesota Professional Educator Licensing and Standards Board. This file becomes public record if licensure is granted, except that your social security number remains private, subject to disclosure requirements as follows:

In conjunction with required data reporting from Minnesota public school districts, the licensing authority will only use private or confidential data for purposes of confirming unique identity. Persons having access to the data at the Minnesota Department of Education are only those working directly with licensing or the data reporting systems.

CONDUCT REVIEW STATEMENT

(Required for ALL Applications)

IDENTIFICATION INFORMATION

Applicant Full Name (Last, First Middle):	
Previous Full Name (Last, First Middle):	
File Folder Number:	Social Security Number:
Date of Birth (mm/dd/yyyy):	FOR STATE USE ONLY
<i>MN statute 270C.72 requires all agencies that issue licenses to collect Social Security Numbers as part of the application. The application will be deemed incomplete if not provided.</i>	

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 page 5 or other sheets of paper. You must answer **ALL** questions completely and provide **ALL** requested information. (If this is **not** your first application for a Minnesota education license, your answers on this conduct review statement apply **only to the period since your last application**. If you answered yes to any of these questions on a previous application and supplied supplemental information, it is not necessary to do so again.)

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

1. Since your last licensure application, have you been convicted of a crime?
 YES – If you answered "yes," you must complete the Supplemental Information form [page five (5) of this application] for each conviction, and attach it to this page.
 NO
2. Have you ever been referred to a pre-trial diversion program after being arrested?
 YES – If you answered "yes," you must attach material explaining the action, location(s), date(s), and the agency involved.
 NO
3. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct, homicide, assault, or any other crime involving violence?
 YES – If you answered "yes," you must attach material explaining the offense, date, location, and the law enforcement agency involved.
 NO
4. Are any criminal charges currently pending against you in Minnesota or any other state?
 YES – If you answered "yes," you must attach page 5, Supplemental Information
 form. NO

File Folder Number		Name (Last, First Middle)	
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CONDUCT REVIEW STATEMENT continued

5. Have you ever had an education or other occupational license revoked, suspended, or denied in Minnesota or any other state?
 - YES – If you answered “yes,” you must attach material explaining the type of license, the date action was taken, and the agency involved.
 - NO

6. Have you ever voluntarily surrendered an education or other occupational license?
 - YES – If you answered “yes,” you must attach material explaining the action, location, date, and the agency involved.
 - NO

7. Is disciplinary action against your teaching, administrative, or other occupational license currently pending in another state?
 - YES – If you answered “yes,” you must attach material explaining the action or charges, location, date, and the agency involved.
 - NO

8. Have you ever resigned from or otherwise left any employment after allegations of misconduct were made against you or when an investigation into those allegations was pending?
 - YES – If you answered “yes,” you must attach material explaining the action or charges, location, date, and employer involved.
 - NO

9. Have you or a school district in which you were employed ever been a party to a civil settlement, award or agreement of any kind that involved an allegation that involved **YOUR** sexual conduct?
 - YES – If you answered “yes,” you must attach material explaining the situation including the date and location of the school district.
 - NO

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

CERTIFICATION OF INFORMATION

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

Signature of Applicant
Copied or Electronic signature not accepted

Date

APPLICANT CONVICTION/ OUTSTANDING CHARGE INFORMATION

Complete this page only if you answered "yes" to questions 1 or 4.

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
Copied or Electronic Signature Not Accepted

Date

Life-Time Substitute Application Name Change Authorization Form

You are submitting this form as part of the Life-Time Substitute Application. Do not use this form if you are not applying for the Life-Time Substitute license. By signing this document you are agreeing to this statement:

“I hereby authorize the Professional Educator Licensing and Standards Board to change my name on my license record as provided by the enclosed supporting documentation and this completed form.”

Directions: Provide information for each area below.

File Folder Number	Date	
Former Last Name	New Last Name	
Former First Name	New First Name	
Former Middle	New Middle	
Birth Date	Phone Number	
Mailing Address		
City	State	Zip Code
Email Address (required – this is how PELSB will communicate with you)		

Required Verification* (please circle the reason for your name change)

Marriage	Send a copy of the marriage certificate. If you are unable to provide a copy of the marriage certificate, provide a copy of your driver’s license or state ID card containing your correct legal name. DO NOT mail the original document, only a copy.
Divorce	Send a copy of the divorce decree stating the name change. DO NOT mail the original document, only a copy.
Official name change by court decree	Send a copy of the court decree of the name change. DO NOT mail the original document, only a copy.

Complete, sign, and date this form and return it with the required verification documents to:
Professional Educator Licensing and Standards Board

1500 Highway 36 West, Roseville, MN 55113

The above information is true and correct to the best of my knowledge.

Signature
Copied or Electronic Signatures Not Accepted

Date