

# Minnesota Educator Tier 1 License Application

## Application General Information and Checklist

If you have never previously held licensure with PELSB, please use the [online licensing system](#) to apply.

**General Information:** A Tier 1 licensure candidate must hold a minimum of a bachelor's degree and have a job offer from a Minnesota public school. The applicant and the district apply for the Tier 1 license jointly. The Tier 1 license is valid for up to one school year and expires on June 30 of the expiration year. A Tier 1 license may be renewed up to three times. Fifth renewals or beyond may be requested. 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 applications may be submitted on or after July 1 for the upcoming school year needed. Related Services positions are not eligible for a Tier 1 license.**

- CTE/Career Pathways candidates use the [CTE or Career Pathways](#) application for Tier 1 and Tier 2 licenses.
- BA exemption candidates use the [Tier 1 and Tier 2 Bachelor's Degree Exemption](#) application.

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

Review and check each of the following questions to ensure you have completed the required paperwork and included all required materials for submission. All sections must be completed.

- Application processing fee in the form of a check or money order made payable to "PELSB." No cash accepted.**
  - 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](#) 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. 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 for initial and additional Tier 1 licenses.**
  - **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 where you can receive mail. 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: District Verification for a Tier 1 License Form**
  - This form must be completed, signed and dated by the authorized Minnesota public or charter school official.
  - The specific licensure field requested must be completed. For special education teacher requests, identify the specific special education categorical field, e.g. ABS.

**Section 7: District Explanation for Additional Renewal Form**

- This form is to be completed signed and dated by the authorized Minnesota public or charter school official if this is the fifth or higher Tier 1 license requested.
- This form has been submitted with Section 6.

**PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED**

## Instructions for a Tier 1 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. No cash.***

- 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. E, Suite 222 Saint Paul, MN 55108-5111	651-539-4200	<a href="https://mn.gov/pelsb/">https://mn.gov/pelsb/</a>	pelsb@state.mn.us

**NOTE: A job offer from a Minnesota public or charter school is required to qualify for a Tier 1 license.**

[Minnesota Statutes 122A.181 Tier 1 License](https://www.revisor.mn.gov/statutes/cite/122A.181) (<https://www.revisor.mn.gov/statutes/cite/122A.181>)

### Important Information

- This application is for general and special education.
  - If you are seeking a Career and Technical Education (CTE) or Career Pathways license, you will need to complete the [CTE or Career Pathways application](#).
  - If you are seeking a Tier 1 or Tier 2 license based on the Bachelor's Degree Exemption, you will need to complete the [Tier 1 and Tier 2 Bachelor's Degree Exemption application](#).
- If this is an initial Minnesota license or you have only previously 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, 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

- All applicants are required to provide a current street address, telephone number, and email address. Updates to changes in address, telephone number, and email address must be completed within 30 days of changes.
- 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. The listed licensure field must be the field for the position you have been offered. If you are unsure of what the name of the licensure field is, please see the [Minnesota Licensure Fields](#) document.
- If you hold an existing Tier 1 Minnesota educator license and are adding a new licensure field with this application, indicate that you are adding a field by checking the statement in this section.
- If you are renewing an existing Tier 1 Minnesota educator license with this application, indicate that you are renewing by checking the statement in this section. Both of these statements may be checked.

## 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.
- Official transcripts in the 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. All mailed materials must be submitted in one complete packet.
- If you hold an existing Minnesota educator license, only submit official transcripts that have not been submitted previously.

## Section 4: Licensure Requirements

- Both items must be checked to qualify for a Tier 1 license.
- **For initial/first-time renewal (second Tier 1 license) only**, the applicant must demonstrate all requirements, cultural competency training, mental illness awareness training, American Indian history and culture training, and applicable MTLE content tests have been met BEFORE applying. Please see the PELSB website for the Tier 1 Testing Document.

## 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: District Verification for a Tier 1 License Form

- The licensure field MUST be identified. If the area is special education, please specify which categorical field, e.g. ABS, EBD, etc.

- **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.
- **When completing Question 6** only include the number of applicants that are specifically licensed in the licensure field you are requesting in Question 1. For example, if you are requesting an elementary education license, the number of applicants for question 6 should only be applicants that are licensed in elementary education. If none of the applicants have the specific licensure field, then the number should be zero. Do not include the applicant that you are hiring in the count for the questions in Section 6.
- **For initial or first-time renewal (second Tier 1 license) only:** the district must verify that the applicant has completed cultural competency training, mental illness awareness training, American Indian history and culture training, and attempted applicable MTLE content tests.

## Section 7: District Explanation for Additional Renewal

- This form is to be used to request a fifth or beyond Tier 1 license only.
- This form **MUST** be submitted with a completed Section 6 to be considered.
- The position must be advertised for a minimum of 60 days on a PELSB approved Minnesota state job board before an application can be submitted.
- The district must complete Part A, Renewal Request Reasoning, OR Part B, Good Cause Justification, to indicate why the additional Tier 1 license is being requested.
- Additional Tier 1 requests will be reviewed on a case-by-case basis. Explanations should be as thorough as possible to avoid PELSB reaching out for additional information and possible delay in the licensing process.

## 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.

I authorize PELSB to share the data provided in this joint application with the school district listed on the District Verification Form that I will submit with my application.

# Application for a Tier 1 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. If you have never previously held licensure with PELSB, please use the [online licensing system](#) to apply.

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

If you have questions, call 651-539-4200, go to the [website](#) at <https://mn.gov/pelsb/>, or send an [email](#) 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. No cash.**

- Initial/First Time Minnesota Educator License Application Fee: \$90.25 includes 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 your 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="checkbox"/> Male		<input type="checkbox"/> Female	
<b>Contact Information:</b>		<b>Daytime Telephone Number</b>		<b>Email Address:</b> (PELSB communications will be sent to this email address.)	
<b>Home Address:</b>	<b>Street</b>		<b>City</b>		<b>State</b>
<b>Designated Address:</b>	<b>Street</b>		<b>City</b>		<b>State</b>
<b>ZIP Code</b>		<b>ZIP Code</b>		<b>ZIP Code</b>	
<b>Ethnicity/Race (optional; choose all that apply)</b>		<input type="checkbox"/> Alaskan Native/ American Indian		<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black/African American		<input type="checkbox"/> Native Hawaiian/ Pacific Islander	
		<input type="checkbox"/> Hispanic/ Latino		<input type="checkbox"/> White	

## Section 2: Application Type

<b>Enter the name of the LICENSURE FIELD(S) you are requesting: ie: Math</b>	
<input type="checkbox"/> CHECK HERE IF YOU ARE ADDING AN ADDITIONAL LICENSURE FIELD TO AN EXISTING MINNESOTA TIER 1 LICENSE.	
<input type="checkbox"/> CHECK HERE IF YOU ARE RENEWING AN EXISTING MINNESOTA TIER 1 LICENSE.	

## 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
------	--------------------

### Section 4: Licensure Requirements

The applicant meets the educational or professional requirements:

- 1. **Holds a bachelor's degree** (*submit official transcripts in an institution's sealed envelope; the degree must be identified on the transcript*)
- 2. **AND the applicant has been offered a teaching position at a Minnesota public or charter school in the requested licensure field.** (*Submit Section 6 completed by the hiring district.*)

**For initial/first renewal of a Tier 1 license (second Tier 1 license) only, the applicant demonstrates** (*these requirements are not required for further renewals*):

- 1. **Attempted MTLE Content exams for the previous or currently requested Tier 1 licensure field.** If the licensure field does not have a content test, check here.
- 2. **Completion of cultural competency training.**
- 3. **Completion of mental illness awareness training, including a minimum of one hour of suicide prevention.**
- 4. **Completion of American Indian history and culture training**

## 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 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
------	--------------------

*CONDUCT REVIEW STATEMENT continued*

- 
- 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.
- 
- 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.
- 
- 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.
- 
- 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.
- 
- 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.
-



<b>Name</b>	<b>File Folder Number</b>
-------------	---------------------------

*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>
---	-------------

Name	File Folder Number
------	--------------------

<p><b>Section 5B: Supplemental Information Form</b>          (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><b>Verification/Authorization of Information</b></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: Signature may be digitally signed, but not merely typed.			Date

Name	File Folder Number
------	--------------------

## Section 6: District Verification for a Tier 1 License

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

1. Licensure area requested for this educator: ie: Math	2. Grade Level:	3. School Year:
---	-----------------	-----------------

4. Number of days the position was posted:	5. Statewide Job Board ID #:
--	------------------------------

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?

- 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 attempted the specified content area tests, if applicable.
- 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.
- Affirms that the candidate has participated in American Indian History and Culture training.

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
------	--------------------

## Section 7: District Explanation for Additional Renewal

**Enter the name and file folder number of the applicant above to avoid delays in processing.**

**Please complete Part A or Part B below.** Per [MN Rule 8710.0311 Subpart 6. C.](#), if this is the applicant's fifth Tier 1 or beyond, Section 7 must be submitted **with Section 6**. The position must have been posted for a minimum of 60 days on a board-approved job board. Each Tier 1 renewal form, after the allotted three, will be reviewed and decided upon on a case-by-case basis.

**Part A:** Part A should be filled out by the district only. Part A is to be used if the district is using CTE or shortages as reasoning for requesting an additional Tier 1 license. If the district is using good cause justification to request an additional Tier 1, Section B should be used.

### A. Renewal Request Reasoning: *(Check at least one box)*

- 1. [CTE](#): The licensure field requested in Section 6 is in a career and technical education (CTE) or career pathway field.
- 2. Shortage: The licensure field requested in Section 6 is in a licensure shortage area.
- 3. Economic: The licensure field requested in Section 6 is in a region with economic development shortages.  
Explain the situation:

- 4. Region: The region making the request has a shortage of licensed teachers who reflect the racial or ethnic diversity of students as identified in the in the biennial supply and demand report under Minnesota Statutes, section [127A.05, subdivision 6.](#)  
Explain the situation:

**PART B:** The goal behind Tiered Licensure is to provide multiple pathways for teachers to attain the highest level of licensure and not keep a teacher at a lower level of licensure due to various circumstances or situations. Part B should impart good cause justification for a renewal of Tier 1 license and may be completed by the district and/or applicant. **Check at least one box in Section B and fully explain the situation unless Section A is being used.**

**B. Good Cause Justification:** *(Check at least one box and complete a. Good Cause Justification)*

1. The applicant is unable to meet the requirements of a higher licensure tier due to a lack of a board-approved teacher preparation program in the licensure area.

2. The position is a full-time equivalency of 0.1 or less.

3. The applicant demonstrates to the board barriers to reaching a higher licensure tier. Barriers may include but are not limited to financial burdens to obtaining a higher tiered license, inability to pass licensure exams, or lack of geographic proximity to teacher preparation.

a. Explain the Good Cause Justification. Attach additional documentation if necessary.

b. Optional: Explain the plan of action to assist the applicant in moving the applicant from a Tier 1 to a higher tier in the future. ([Moving to a Tier 2 license.](#))

<b>Print Full Name of District or Charter School</b>		<b>Six-Digit District Number (XXXX-XX)</b>
<b>Human Resource Contact Name</b>	<b>HR Contact Email Address</b>	<b>HR Contact 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>