

Minnesota Educator Tier 2 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 2 licensure candidate must hold a minimum of a bachelor's degree and have a job offer from a Minnesota public or charter school. The applicant and the district apply for the Tier 2 license jointly. School nurses and school social workers are not eligible for a Tier 2 license. The Tier 2 license is valid for up to two school years and expires on June 30 of the expiration year. A Tier 2 license may be renewed up to three times. If a candidate holds a Tier 3 or 4 license, the district must apply for an [out-of-field permission](#) rather than a Tier 2 license to be able to teach outside the licensure field held.

- **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.
- **Related Services** (non-teaching) applicants should use the [Related Services Tier 2](#) application.

Tier 2 applications may be submitted on or after July 1 for the upcoming school year needed.

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING TO BE CONSIDERED

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

- ☐ **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.**
 - Fingerprints should be submitted on a white fingerprint card with light blue borders (FD-258). Additional fingerprint card information can be found [here](#).
 - 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, including sections 1-4.**
 - **SSN/ITIN** – if an out-of-state applicant does not have a SSN/ITIN, a district/charter school letter explaining why a number has not been acquired is included in the application materials.
 - **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 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 (optional): Verification of Completion of a State-approved Program**
- This form has been submitted if completion of a state-approved teacher preparation program is used to qualify for a Tier 2 license. This optional form has been completed signed and dated by the certifying officer where the teacher preparation program was completed, including 12 or more weeks of student teaching.
- ☐ **Section 7: District Verification Form completed by the district; signed and dated.**
- This form has been completed, signed and dated by the authorized Minnesota public or charter school hiring official.
 - The specific licensure field requested has been completed. For special education teacher requests, identify the specific special education field, e.g. ABS.
- ☐ **Section 8 for Enrollment or Renewal Only (optional): Verification of Enrollment or Meaningful Licensure Program Progress**
- If enrollment in a Minnesota teacher preparation program is used as an option for a Tier 2 license, this form has been completed by the certification officer where the applicant is enrolled for an initial Tier 2 license or in order to renew.

PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for a Tier 2 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 and include with the complete application.
- Existing 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	https://mn.gov/pelsb/	pelsb@state.mn.us

NOTE: A job offer from a Minnesota public or charter school is required to qualify for a Tier 2 license.

[Minnesota Statutes 122A.182 Tier 2 License](https://www.revisor.mn.gov/statutes/cite/122A.182) (<https://www.revisor.mn.gov/statutes/cite/122A.182>)

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 you are seeking a Tier 2 Related Services license, you will need to use the [Related Services Tier 2 application](#).
- If you are a visa holder seeking an exemption to renew early, please call Debby Odell at 651-539-4205.
- 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. If you do not have a social security number or ITIN, check the box in this section.
 - If an out-of-country applicant does not have a SSN or ITIN number, the applicant must have the hiring district or charter school provide a letter as to why a SSN or ITIN number has not been acquired. The applicant will have 60 days from the date the license is issued to provide PELSB with a SSN or ITIN.
- 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. Email addresses do not remain private after a license has been 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.
- **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. The listed licensure field must be the same as the position you have been offered. If you are unsure of the name of the licensure field, please see the [Minnesota Licensure Fields](#) document.
- If you hold an existing Tier 2 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 2 Minnesota educator license with this application, indicate that you are renewing by checking the statement in this section.
- If you are a foreign national and are applying to obtain a license for a Tier 2 license, check this box.
- More than one box may be checked in this section.

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.
- If you are currently enrolled in an approved [Minnesota](#) teacher preparation program for the specific licensure area requested, you must verify program enrollment at the teacher preparation program by submitting Section 8. **This verification must show evidence of enrollment in the specific licensure area being requested.**

Section 4: Licensure Requirements

- Complete this section to determine what documentation and sections must be submitted.
- If you hold an educator license in another state, include a copy of the license.
- **For initial/first-time renewal (second Tier 2 license) only**, the applicant must demonstrate all requirements, cultural competency, mental illness awareness, and American Indian history and culture trainings have been met BEFORE applying for the second Tier 2 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

- **This verification form is required if you have completed a state-approved teacher preparation program and have attempted, but NOT passed all 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 teacher preparation program, **including 12 or more weeks of student teaching**.
- If you have submitted this form previously, you do not need to submit this section again unless you have new information since your last license was issued.

Section 7: District Verification for a Tier 2 License Form

- The licensure field MUST be identified. If the area is special education, enter the specific categorical field, e.g. ABS, EBD, etc.
- **For initial/first-time renewal (second Tier 2 license) only**, the district must verify that the applicant has completed cultural competency, mental illness awareness, and American Indian history and culture trainings.
- 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.

Section 8: 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 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 has been made in the program.
- This form must be completed by the certifying officer at the teacher preparation program where the applicant is enrolled.

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 2 Minnesota Educator License

PELSB
1021 Bandana Blvd. East
Suite 222
Saint Paul, MN 55108-5111

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

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

MINNESOTA FILE FOLDER NUMBER		Enter your 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="checkbox"/> Male		<input type="checkbox"/> Female	
Contact Information:		Daytime Telephone Number		Email Address: (PELSB communications will be sent to this email address.)	
Home Address:		Street/Apt. Number		City	
State		ZIP Code			
Designated Address:		Street/Apt. Number		City	
State		ZIP Code			
Ethnicity/Race (optional; choose all that apply)		<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

Enter the name of the LICENSURE FIELD(S) you are requesting. (ie: Math)	
<input type="checkbox"/> CHECK HERE IF YOU ARE ADDING AN ADDITIONAL LICENSURE FIELD TO AN EXISTING MINNESOTA TIER 2 LICENSE.	
<input type="checkbox"/> CHECK HERE IF YOU ARE RENEWING AN EXISTING MINNESOTA TIER 2 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

The applicant meets the educational or professional requirements:

- ☐ 1. **Holds a bachelor's degree** from a regionally-accredited institution (*submit official transcripts in an institution's sealed envelope or send electronically directly from the institution to the PELSB general email box; 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 area** (*submit Section 7 completed by the hiring district*),
- ☐ 3. **AND the applicant meets one of the following criteria in a, b, or c below.** (*check one of the following*):
 - ☐ a. Is enrolled in an approved Minnesota teacher preparation program in the requested licensure field (*submit Section 8 indicating the specific licensure field of enrollment. This form must be completed by the certifying officer at the teacher preparation program.*) **The verification must show evidence of enrollment in the specific licensure area being requested.**
 - ☐ b. **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*),
 - ☐ c. **OR** completed a teacher licensure preparation program but does not meet the Tier 3 requirements (*submit Section 6 completed by the certification officer at the preparation program*).

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

<p><u>For the first renewal of a Tier 2 license (second Tier 2 license) only, the applicant demonstrates:</u></p> <ul style="list-style-type: none"> <input type="radio"/> 1. Completion of cultural competency training (<i>this requirement is not required for further renewals</i>). <input type="radio"/> 2. Completion of mental illness awareness training, including a minimum of one hour of suicide prevention (<i>this requirement is not required for further renewals</i>). <input type="radio"/> 3. Completion of American Indian history and culture training (<i>this requirement is not required for further renewals</i>). <input type="radio"/> 4. Verification of Meaningful Progress (optional): This form must be completed by the certification officer 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 (<i>submit Section 8</i>).

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
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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.
-
- ☐ 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.
-
- ☐ 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 align="center">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:

Verification/Authorization of Information
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I verify the foregoing information is true and correct. I hereby authorize the above listed courts and law enforcement agencies to release any information concerning me to the Minnesota Professional Educator Licensing and Standards Board.

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

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

THIS SECTION IS TO BE COMPLETED BY THE STATE-APPROVED LICENSURE PROGRAM CERTIFICATION OFFICER.

<p>The state-approved teacher preparation program is from OUTSIDE of Minnesota AND is (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 teacher preparation program is:</p> <p><input type="radio"/> a Minnesota state-approved program</p>
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Student Teaching/Practicum/Internship

Complete this section for all applicants that have student teaching/practicums/internships. For special education experiences, include the ages/grade levels AND specific disability categories (with the severity levels: mild, moderate, severe, and/or profound) of students served in each placement. License issuance may be delayed without this information.

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

Licensure Program Completed

- This section must be completed for all licensure programs completed.*
- Please identify the specific disability category(ies) if the program completed was in Special Education.*

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

Name	File Folder Number
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Section 7: District Verification for a Tier 2 License

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

1. Enter the Licensure Field Requested for this Educator: (for special education, indicate the specific SPED category, e.g. ABS)			
2. Grade Level:	3. School Year:		
4. For all licensure fields (including special education, the designated administrator of the employing school district or charter school, my signature verifies the district or charter school (check all that apply))			
<input type="checkbox"/> Is able to affirm that the candidate has the necessary skills and knowledge to teach in the specified content area.			
<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.			
<input type="checkbox"/> Ensures this teacher will participate in the district's mentorship and evaluation.			
In addition, for all Tier 2 special education licenses , the designated administrator of the employing school district or charter school, my signature verifies the district or charter school (check all that apply) :			
<input type="checkbox"/> Affirms that the applicant will receive high-quality professional development that is sustained, intensive, and classroom focused in order to have a positive and lasting impact on classroom instruction, before and while teaching.			
<input type="checkbox"/> Affirms that the applicant will participate in a program of intensive supervision that consists of structured guidance and regular ongoing support for teachers or a teacher mentoring program.			
<input type="checkbox"/> Affirms that the applicant demonstrates satisfactory progress toward professional licensure			
For the first renewal (second Tier 2 license) only (not required for further Tier 2 renewals):			
<input type="checkbox"/> Affirms that the candidate has participated in cultural competency training.			
<input type="checkbox"/> Affirms that the candidate has participated in mental illness training, including one hour of suicide prevention.			
<input type="checkbox"/> 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 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 8: Verification of Enrollment or Meaningful Licensure Program Progress

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

- This form is to verify enrollment or meaningful progress in a **Minnesota teacher licensure preparation program only**. Out-of-state/country enrollment cannot be used to meet Tier 2 requirements.
- If current enrollment in a Minnesota teacher preparation program is being used to qualify for a Tier 2 license, this form must 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 the certification official at the teacher preparation program where the applicant is enrolled.

Enter the Licensure Field in which the applicant is currently enrolled: (for special education, indicate the specific SPED category, e.g. ABS)	
<input type="checkbox"/> The student is currently enrolled in coursework in the Minnesota teacher preparation program in the above licensure field(s).	
Check one of the following for renewal only:	
<input type="checkbox"/> The student is making meaningful progress in the Minnesota teacher preparation program in the above licensure field(s).	
<input type="checkbox"/> The student is not enrolled or 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 Certification Official	Title
Email Address for Certification Official	Telephone Number (including area code)
Name of Teacher Preparation Program	Location (city, state, ZIP code)
Signature of Certification Official	Date