

Minnesota Tier 2 Related Services License Application

Application General Information and Checklist

General Information: Related services positions are not eligible for a Tier 1 license. A Tier 2 related services licensure candidate must hold a minimum of a bachelor's degree from a regionally accredited institution and have a job offer from a Minnesota public school as a school counselor, school psychologist, or speech language pathologist. School nurse and school social worker candidates are not eligible for a Tier 2 license. The Tier 2 license is valid for two school years and expires on June 30 of the expiration year. A Tier 2 license may be renewed up to three times.

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 OR 9.

- 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." The fingerprint card must be submitted with the complete application.
- Official transcripts from all regionally accredited colleges or universities attended in an institution's sealed envelope. In most instances, earned degrees must be posted on transcripts.**
 - If you are adding a new licensure field or hiring district to an existing Tier 2 Minnesota license, submit transcripts that have not been previously submitted and/or that are related to the licensure field requested.
 - For individuals with preparation completed outside of the United States or its territories, transcripts must be evaluated by a foreign credential evaluation service. The [National Association of Credential Evaluation Services](#) (NACES) has a list of approved providers. Please mail the original course-by-course evaluation of your foreign preparation to PELSB.
- Completed application, signed, dated, and including sections 1-4.**
 - **Designated Address:** Your designated address may be a residence, PO Box, or place of business. Please note that the address you designate on this form does not remain private after a license is issued.
 - **Home Address:** Your home address remains private if a designated address is supplied. If there is no designated address, the home address does not remain private after a license is issued.
- Section 5A: Conduct Review Statement completed, signed and dated AND, if you answered YES to questions 1, 2, 3, 4, or 6, complete Section 5B. If you answered YES to questions 5, 7, 8, 9, 10, 11, or 12, include the additional materials requested.**
- Section 6: Verification of Enrollment in an accredited School Counselor Program**
 - This form must be completed signed and dated by an authorized official of the institution where the school counselor program enrollment exists.
- Section 7: Verification of Enrollment in a School Psychologist Program**
 - This form must be completed signed and dated by an authorized official of the institution where the school psychologist program enrollment exists.
- Section 8: District Verification Form for a School Counselor or School Psychologist license.**
- Section 9: District Verification Form for a Speech Language Pathologist license.**

PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for a Tier 2 Minnesota Related Services 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 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 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 a Tier 2 School Counselor, School Psychologist, or Speech Language Pathologist ONLY.**
- If this is an initial Minnesota license or you have only held a Community Expert permission, you will need to include a completed fingerprint card and submit with the complete application. You will pay the \$90.25 fee. Include the fingerprint card with the complete application.
- If you are adding a new licensure field to or renewing an existing Tier 2 Minnesota license, you do not need to complete a fingerprint card or send documentation that relates to your existing license. You will ONLY send documentation that is new since your last application AND pertains to the licensure field you are requesting on this application.

Section 1: Applicant Information

- Name: Provide your legal name as it appears on your social security card. If you are adding a new licensure field to an existing Minnesota license AND you have a NAME CHANGE, please attach a [Name Change Authorization](#) form. This form is on the PELSB website, under "Current Educators" and "License Requirements and Forms."
- Social Security or Individual Taxpayer Identification Number: [Minnesota Statute 270C.72, Subdivision 4](#) requires all agencies that issue licenses to collect social security (SSN) or individual taxpayer identification (ITIN) numbers as part of the application. Your application will be deemed incomplete if not provided.
- Email: It is important to provide an email address that you have access to throughout the year. Important information will be sent to this email address, including instructions on how to print the e-license.
- **Designated Address: Your designated address may be a residence or place of business. Please note that the address you designate on this form does not remain private after a license is issued.**
- **Home Address: Your home address remains private if you enter a separate designated address. If there is no designated address, the home address does not remain private after the license is issued.**
- Ethnicity/Race: This section is optional and will not affect the decision of the application.

Section 2: Application Type

- Be sure to include the name of the licensure field area you are requesting on this application. The listed licensure field must be the field the district posted on the state-approved job board.
- 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. Both of these statements may be checked.
- If you hold an existing Minnesota educator license, only submit official transcripts that have not been submitted previously.

Section 3: Educational Background

- All individuals must complete this section.
- Official transcripts in a regionally-accredited institution's sealed envelope must be included with the rest of the required application materials for licensure. All mailed materials must be submitted in one complete packet.
- If you are currently enrolled in a school counselor or school psychologist program, additional verification forms must be submitted as indicated in Sections 6-8.

Section 4: Licensure Requirements

- Complete this section to determine what documentation and sections must be submitted.

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 application.
- 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 Enrollment in an Accredited School Counselor Program

- **This verification form is required if you are enrolled in an accredited school counselor program.** This verification form must be completed, signed and dated by an authorized official of the accredited college, university, or institution where the applicant is enrolled.

Section 7: Verification of Enrollment in a School Psychologist Program

- **This verification form is required if you are enrolled in a school psychologist program.** This verification form must be completed, signed and dated by an authorized official of the college, university, or institution where the applicant is enrolled.

Section 8: District Verification for a Tier 2 School Counselor or School Psychologist License Form

- The licensure field MUST be identified and signed by the public school district superintendent or charter school director.

Section 9: District Verification for a Tier 2 Speech Language Pathologist License Form

- The form must be signed by the public school district superintendent or charter school director.

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

Section 2: Application Type

Enter the name of the LICENSURE FIELD(S) you are requesting:	
<input type="checkbox"/> CHECK HERE IF YOU ARE ADDING AN 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 within the specific area:

- A. The applicant has been offered a position in the requested licensure area (required),
- B. **AND (required)**, complete the below section that relates to the licensure field requested.

School Counselor (choose one)

- 1. Holds a master's degree in counseling (*submit official transcripts; the degree must be identified on the transcript*) submit Section 8,
- 2. **OR Both of the following, submit Section 6 and Section 8:**
 - a. Holds a bachelor's degree from a regionally accredited institution (*submit official transcripts; the degree must be identified on the transcript*)
 - b. **AND is enrolled in an accredited school counselor program** with a minimum of 24 semester credits in school counseling-specific coursework or content (*submit official transcripts; the degree and credits must be identified on the transcripts*)

School Psychologist (choose one)

- 1. Both of the following, submit Section 7 and Section 8:
 - a. Holds a master's degree in school psychology (*submit official transcripts; the degree must be identified on the transcript*)
 - b. **AND is enrolled in a school psychology program,**
- 2. **OR Both of the following, submit Section 8:**
 - a. Completed school psychologist program **NOT** accredited by the National Association of School Psychologists (NASP) (*submit official transcripts; the degree must be identified on the transcript*),
 - b. **AND does not hold a National School Psychologist Certification (NSPC)**

Speech Language Pathologist (choose one)

- 1. Holds a bachelor's degree in communication disorders or speech-language-hearing sciences (*submit official transcripts; the degree must be identified on the transcript*) submit Section 9.
- 2. **OR Both of the following, submit Section 9:**
 - a. Holds a speech-language pathologist assistant certificate (*submit a copy of the official certificate*),
 - b. **AND holds a regionally accredited bachelor's degree in any field** (*submit official transcripts; the degree must be identified on the transcript*).

Related services licenses are not eligible for a Tier 1 license.

Section 5A: Conduct Review Statement

(required for ALL applications)

Last Name	First Name	Middle Name	Previous Name
File Folder Number		Social Security Number/ITIN (required)	
Birthdate: mm/dd/yyyy		FOR STATE USE ONLY	

You must answer all questions completely and provide all requested information. Failure to answer any of the questions in a truthful manner or failure to provide the information requested could lead to denial of any educator license. If you are completing the conduct review for a renewal of or addition to an existing Minnesota license, only disclose incidents that have occurred since your last license was issued.

Check the appropriate boxes below. If there is any writing on this form, it cannot be scanned properly and your application will be delayed. If you are submitting additional information, you must use either the Supplemental Information Form or other sheets of paper.

Yes No 1. Have you ever been convicted of a crime?

A “crime” means conduct which is prohibited by statute and for which the actor may be sentenced to imprisonment, with or without a fine. Crimes include misdemeanors, gross misdemeanors, and felonies. DWIs and DUIs are included in this definition and must be disclosed. Do NOT include petty misdemeanors in your disclosures as these are not crimes.

The term “conviction” includes a finding of guilt by a jury or judge, an admission of guilt or a plea of guilty, an Alford plea (a plea without admission of guilt), a plea of “no contest,” and/or charges that have resulted in a stay of imposition of sentence. If your criminal conviction has been expunged by a court order, you do NOT need to disclose the conviction; however, you may first wish to verify if your conviction is subject to full expungement versus a court records expungement (“inherent authority expungement”). Inherent authority expungement orders do not prohibit convictions from showing up on a background check. Convictions subject to an inherent authority expungement need to be disclosed.

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Yes No 2. Have you ever been referred to a pre-trial diversion program after being arrested?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Yes No 3. Have you ever been acquitted, found not guilty, or given a stay of adjudication of a criminal offense involving sexual conduct, homicide, assault, or any other crime involving violence?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Name	File Folder Number
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CONDUCT REVIEW STATEMENT continued

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- Yes No 4. Are any criminal charges currently pending against you in Minnesota or any other state (this includes a pending stay of adjudication)?
- If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.
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- Yes No 5. Have you ever been the subject of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?
- If you answered "yes," you must attach materials explaining the type of protective order, the date action was taken, the final order document, the court file number, and the court/county involved.
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- Yes No 6. Have you ever been found in violation of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?
- If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.
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- Yes No 7. Have you ever been the subject of a maltreatment finding or disqualification by the Minnesota Department of Education, the Minnesota Department of Human Services, a county human services office or similar agency in Minnesota or another state?
- If you answered "yes," you must attach materials explaining the type of action, the date action was taken, the final order document, and the agency involved.
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- Yes No 8. Have you ever had an education or other occupational license revoked, suspended, denied, subject to a stayed suspension/probation, or received a formal reprimand in Minnesota or any other state?
- If you answered "yes," you must attach material explaining the type of license, the date action was taken, the final decision document, and the agency involved.
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- Yes No 9. Have you ever voluntarily surrendered or terminated an education or other occupational license because of misconduct?
- If you answered "yes," you must attach material explaining the basis for the surrender/termination, type of license, location, date of surrender/termination, and agency involved.
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- Yes No 10. Is disciplinary action/a misconduct investigation against your teaching, administrative, or other occupational license currently pending in Minnesota or another state?
- If you answered "yes," you must attach material explaining the action or charges, location, date, status of investigation and board/employer involved.
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Name	File Folder Number
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CONDUCT REVIEW STATEMENT continued

- Yes No 11. Have you ever been terminated, suspended, resigned from or otherwise left an employment position after allegations of misconduct were made against you or when an investigation into those allegations was pending?

If you answered "yes," you must attach material explaining the action or charges, location, date, and employer involved.

- Yes No 12. Have you or a school district in which you were employed ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation that involved **YOUR** sexual conduct?

If you answered "yes," you must attach material explaining the situation including the date and location of the school district.

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

Certification of Information

I certify the foregoing information is true and correct. I hereby authorize any listed courts and law enforcement agencies identified in this application to release any information concerning me to the Minnesota Professional Educator Licensing and Standards Board (PELSB).

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

Please photocopy and complete a separate form for each conviction or outstanding charge.

1. Convicted or currently charged with:

2. Level of offense (check one): Felony Gross Misdemeanor Misdemeanor

3. Date of offense:

4. Name of arresting agency (police, county sheriff, etc.):

5. Court jurisdiction (i.e., Hennepin County District Court, Minneapolis, Minnesota):

6. Plea and conditions of probation, if any:

7. Date of release from probation:

8. If still on probation, name and telephone number of probation officer:

9. Details of incident:

Verification/Authorization of Information

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

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

Name	File Folder Number
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Section 6: Verification of Enrollment in an Accredited School Counselor Licensure Program
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This form must be completed by the institution’s authorized official of the accredited school counselor licensure program in which the applicant is enrolled.

School Counselor Program Verification
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As the authorized official of the school counselor licensure program, my signature verifies that the institution where this applicant is enrolled will

- Verify completion of at least 24 semester credit hours in school counseling-specific coursework or content (including introduction to the field, counseling skills, and ethical standards).
- Affirm that the applicant is prepared for a learning experience of this nature.
- Affirm that the applicant will be provided assistance in designing the learning experience.
- Provide supervision during the learning experience.

Print Name of Authorized Official	Title	
Email Address for Authorized Official	Telephone Number for Authorized Official	
Name of Institution	Location (city, state, ZIP code)	
Signature of Authorized Official		Date

Name	File Folder Number
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Section 7: Verification of Enrollment in a School Psychologist Licensure Program

This form must be completed by the institution’s authorized official of the school psychologist licensure program where the applicant is enrolled.

School Psychologist Program Verification
<p>As the authorized official of the school psychologist program, my signature verifies that the institution where this applicant is enrolled will</p> <ul style="list-style-type: none"> • Verify completion of at least two years of preparation required for licensure. • Affirm that the applicant will be provided assistance in designing the learning experience. • Provide supervision during the learning experience.

Print Name of Authorized Official		Title	
Email Address for Authorized Official		Telephone Number for Authorized Official	
Name of Institution		Location (city, state, ZIP code)	
Signature of Authorized Official			Date

Name	File Folder Number
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Section 8: District Verification for a Tier 2 School Counselor OR School Psychologist License

1. Enter the Licensure Field Requested for this Educator: (either school counselor OR school psychologist)	
2. Grade Level:	3. School Year:
<p>4. As the designated administrator of the employing public school district or charter school, my signature verifies the district or charter school</p> <ul style="list-style-type: none"> Understands the license is limited to the licensure field indicated on the application and to the district or charter school requesting the license. Ensures this applicant will participate in an evaluation. <p>For applicants that are enrolled in a school counselor or school psychologist program my signature verifies that the district or charter school will</p> <ul style="list-style-type: none"> Assign a Tier 3 or Tier 4 school counselor or school psychologist (whichever pertains to the licensure field requested) to have direct supervision of the applicant. <ul style="list-style-type: none"> Supervising School Counselor/Psychologist MN File Folder Number(s): _____ Affirm that the position is designed as a learning experience for the applicant. Affirm that the applicant will not replace a Tier 3 or Tier 4 licensed school counselor or psychologist. 	

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: District Verification for a Tier 2 Speech Language Pathologist License

The speech language pathologist position must be posted for a minimum of 15 days on the board-approved statewide job board (EdPost) before applying.

1. Enter the Licensure Field Requested for This Educator: (Speech Language Pathologist only)	
2. Grade Level:	3. School Year:
4. Number of days position posted: (for initial license only)	5. Statewide Job Board (EdPost) ID #: (for initial license only)
<p>6. As the designated administrator of the employing public school district or charter school, my signature verifies the district or charter school</p> <ul style="list-style-type: none"> • Assigned a licensed speech-language pathologist who holds a certificate of clinical competence (CCC) from the American Speech-Language-Hearing Association (ASHA) to have direct supervision of the applicant. <ul style="list-style-type: none"> ▪ Supervising Speech Language Pathologist Name(s): _____ • Affirms that communication between the above named supervisor and the applicant, when the applicant is in direct contact with a client, will include: <ul style="list-style-type: none"> ○ At least 30% of direct face-to-face work in the first year, and ○ At least 20% of direct face-to-face work in the second year. • Affirms that no Tier 3 or Tier 4 licensed speech language pathologist applied. • Understands the license is limited to the licensure field indicated on the application and to the district or charter school requesting the license. • Ensures this applicant will participate in an evaluation. • Had no alternative options for hiring a licensed speech language pathologist because (enter specifics below): <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>	

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