

Minnesota Educator Tier 3 License Application

Application General Information and Checklist

General Information: A Tier 3 licensure candidate must hold a minimum of a bachelor's degree, have passed the MTLE content and pedagogy exams in the licensure field requested, as well as additional requirement options. CTE/Career Pathways candidates see requirements on the [CTE/Career Pathways application](#). The Tier 3 license is valid for three years and expires on June 30 of the expiration year. A Tier 3 license may be renewed an unlimited number of times. Renewal requirements include 75 clock hours, including current mandatory requirements. If a candidate holds a Tier 3 or Tier 4 license, the district must apply for an [out-of-field permission](#) rather than a Tier 1 or Tier 2 license to be able to teach outside their licensure field.

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING TO BE CONSIDERED

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

- Application processing fee in the form of a check or money order made payable to "PELSB."**
 - For initial/first-time applicants: an initial application and fingerprint card processing fee of \$90.25.
 - For existing license holders: an application fee of \$57.00 (fingerprint card is not required).
- Fingerprint card completed for initial applications, signed and dated. Be sure NOT to fold or bend the card.**
 - To request a fingerprint card, please [email](mailto:pelsb@state.mn.us) PELSB staff at pelsb@state.mn.us or call 651-539-4200 (option 1) and include your full name and current mailing address in your message. The subject line of the email should be "Fingerprint Card Request." Include the completed fingerprint card with the complete application.
- Official transcripts from all regionally accredited colleges or universities attended in an institution's sealed envelope. In most instances, earned degrees must be posted on transcripts.**
 - If you are adding a new licensure field to an existing Minnesota license, submit transcripts that have not been previously submitted and/or that are related to the licensure field requested.
 - For individuals with preparation completed outside of the United States or its territories, transcripts must be evaluated by a foreign credential evaluation service. The [National Association of Credential Evaluation Services](#) (NACES) 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 Completion of a State-approved Program**
 - This form must be completed signed and dated by the certifying officer of the institution where the teacher preparation program was completed, including **12 or more weeks of student teaching**.
- Section 6A: Verification of Completion of a State-approved Program With Spring 2020 Student Teaching Variance**
 - This form must be completed signed and dated by the certifying officer of the institution where the teacher preparation program was completed, including **fewer than 12 weeks of student teaching**.
- Section 7: Verification of Teaching Experience Form**
 - This form must be completed, signed, and dated by an authorized school official if you are using teaching experience to qualify for a Tier 3 license.

PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for a Tier 3 Minnesota Educator License Application

It is the applicant's responsibility to submit the required items in ONE complete packet to PELSB. To ensure the submission of a complete packet, review and follow the instructions below.

*A check or money order payable to "PELSB" must be included. **This is a non-refundable processing fee.***

- Initial/First Time Minnesota Educator License Application Fee: \$90.25 which includes fingerprint card fee. Request a fingerprint card from PELSB. Include the completed fingerprint card with the complete application.
- Existing Minnesota License Holder Application Fee: \$57.00 (does not require a fingerprint card.)

| Mailing Address | Telephone Number | Web Address | Email Address |
|--|------------------|---|-------------------|
| PELSB 1021 Bandana Blvd. East, Suite 222 Saint Paul, MN 55108-5111 | 651-539-4200 | https://mn.gov/pelsb/ | pelsb@state.mn.us |

[Minnesota Statutes 122A.183 Tier 3 License](https://www.revisor.mn.gov/statutes/cite/122A.183) (<https://www.revisor.mn.gov/statutes/cite/122A.183>)

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 this is an initial Minnesota license or you have only held a Community Expert permission, completion of a fingerprint card and submission of official transcripts is required. You will pay the \$90.25 fee. Include the completed fingerprint card with the complete application.
- If you are adding a new licensure field to or renewing an existing Minnesota license, 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.
- 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 you are requesting on this application. 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 3 Minnesota license and are adding a new licensure field with this application, be sure to indicate this by checking the statement in this section.
- If you are adding AND renewing an existing Tier 3 Minnesota license with this application, indicate that you are also renewing by checking the statement in this section. All clock hours must be reported before you apply.

- If you are applying for a license in the field of **School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist** be sure to read all these instructions for additional information on requirements for your application.
- If you are renewing only, please use the [Online License Renewal System](#).

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 an 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 hold an existing Minnesota educator license, only submit official transcripts that have not been submitted previously.

Section 4: Licensure Requirements

- All applicants must complete this section.
- If you hold an educator license in another state, please include a copy of the license.
- If you have completed the education requirements in Minnesota for a license in **School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist**, check Minnesota state-approved program option. See Section 6 for education requirements.
- If you have completed the education requirements outside of Minnesota for a license in **School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist**, check the outside of Minnesota option. See Section 6 for education requirements.

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 form must be completed signed and dated by the certifying officer of the institution where the teacher preparation program was completed, including **12 or more weeks of student teaching**.
- **School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist** applicants are NOT required to complete this section. YOU ARE REQUIRED to submit official transcripts from all institutions in an institution's sealed envelope.
- **School Nurse** applicants MUST submit evidence (official transcripts) of completion of a nursing program and include a copy of your current licensure as a Minnesota registered nurse AND current registration as a Minnesota public health nurse.
- **School Psychologist** applicants MUST submit evidence (official transcripts) of completing a preparation program in school psychology accredited by the [National Association of School Psychologists](#) (NASP).
- **School Social Worker** applicants MUST submit evidence (official transcripts) of completing a program accredited by the [Council on Social Worker Education](#) (CSWE) and you MUST include a copy of your current Minnesota Board of Social Work license.
- **Speech-Language Pathologist** applicants MUST submit all official transcripts and provide evidence of a master's degree in Speech-Language Pathology from a program accredited by the Council on Academic Affairs of the [American Speech-Language-Hearing Association](#) (ASHA), a valid certificate of clinical competence from ASHA, or a valid speech-language pathologist license from the Minnesota Department of Health.
- **School Counselor** applicants that have completed a preparation program for school counseling accredited by the [Council for the Accreditation of Counseling and Related Educational Personnel](#) (CACREP) are not required to complete this section. You are still REQUIRED to submit official transcripts from all institutions in a sealed envelope.

- **School Counselor** applicants that have completed a preparation program not accredited by CACREP MUST submit Section 6, as well as submit official transcripts in a sealed envelope.
- If you have submitted this form previously (e.g. for a Tier 2 license), you do not need to submit this section again. If you are adding a licensure field, this completed form must be submitted for the new licensure field.

Section 6A: Verification of Completion of a State-Approved Licensure Program With Spring 2020 Student Teaching Variance

- This form must be completed signed and dated by the certifying officer of the institution where the teacher preparation program was completed, including **fewer than 12 weeks of student teaching**.
- The certifying officer must also verify any supplemental activities that have been used to meet student teaching requirements as approved by PELSB.

Section 7: Verification of Teaching Experience

- Complete this section if you are providing documentation of teaching experience to qualify for a Tier 3 license.

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 3 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.

A completed Conduct Review Statement must accompany every application.

If you have questions, call 651-539-4200, go to the [website](https://mn.gov/pelsb/) at <https://mn.gov/pelsb/>, or send an [email](mailto:pelsb@state.mn.us) to pelsb@state.mn.us

A check or money order payable to “PELSB” must be included. **This is a non-refundable processing fee.**

- Initial/First Time Minnesota Educator License Application Fee: \$90.25 which includes 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) | | 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 a licensure field to an existing Minnesota Tier 3 license. |
| <input type="checkbox"/> | CHECK HERE if you are adding a licensure field to AND renewing an existing Minnesota Tier 3 license. All clock hours must be reported before applying. |

Section 3: Educational Background

Use the following Degree Codes: 0 – No Degree 1 – Associate’s Degree 2 – Bachelor’s Degree 3 – 5th 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 |
|-----------------------|-----------------------------|-------------|----------------|--------------|------------------------------------|
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| 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** (*submit official transcripts in an institution's sealed envelope; the degree must be identified on the transcript*),

- 2. **AND the applicant has obtained passing scores on the following Minnesota Teacher Licensure Examinations (MTLE) OR is applying for a licensure field that does not require testing (School Counselor, School Nurse, School Psychologist, School Social Worker, and Speech-Language Pathologist).** Refer to the [Minnesota Teacher Licensure Testing Information](#) document for specific testing information.
 - a. Pedagogy subtest 1 and 2 passed: aligned to grade scope (if the grade level requested is K-12, the applicant can choose either the elementary OR secondary pedagogy tests, both grade levels are NOT required).
 - b. Content specific subtest 1 and 2, including subtest 3 for elementary education, passed and aligned to the licensure content area (**check here if the content area requested does not have a content test**).
 - OR the applicant has not passed the MTLE pedagogy and/or content tests required and is applying for a one-year Conditional Tier 3 license.**

- 3. **AND demonstrates completion of one of the following (check at least one box below):**
 - a. An approved Minnesota teacher preparation program – *submit official transcript in an institution's sealed envelope with licensure program listed; complete Section 6 or Section 6A.*
 - b. A state-approved teacher preparation program outside of Minnesota that includes 12 weeks of full time student teaching (the applicant is exempt from field-specific student teaching if the candidate verifies completion of a state-approved teacher preparation program outside of Minnesota AND has two years of field-specific teaching experience; include the Verification of Teaching Experience Form to qualify for this exception) – *submit official transcript with the licensure program listed; complete Sections 6 and 7.*
 - c. A regionally accredited state-approved teacher preparation program outside of Minnesota that includes fewer than 12 weeks of field-specific student teaching– *submit official transcript with the licensure program listed; complete Section 6A.*
 - d. Recommendation for licensure through the [Licensure via Portfolio](https://mn.gov/pelsb/aspiring-educators/portfolio/) process (<https://mn.gov/pelsb/aspiring-educators/portfolio/>) – **must use** the PORTFOLIO application which was provided with your letter of approval.
 - e. A professional teaching license from another state, evidence that the candidate's license is in good standing, and two years of teaching experience in the licensure field requested – *submit a copy of your license; complete Sections 6 and 7.*
 - f. Applying for and providing evidence of meeting the requirements for one of the following related services licensure fields: **School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist.**

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 |
|------|--------------------|

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.
-

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

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 |
|-------------------------------|-------------|

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 |
|------|--------------------|

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.

| | |
|--|--|
| The state-approved teacher preparation program is from OUTSIDE of Minnesota AND (check all that apply): <input type="radio"/> a regionally accredited program <input type="radio"/> an alternative preparation program | The state-approved teacher preparation program is: <input type="radio"/> a Minnesota state-approved program |
| <input type="radio"/> Candidate is applying for a Minnesota Conditional One-Year Tier 3 license. | |

| Student Teaching/Practicum/Internship | | | | |
|---|--------------------|--------------------------|-------|-----|
| Complete this section for all applicants that have 12 weeks or more of student teaching. 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/Organization | Licensure Field(s) | Grade Level(s) Taught | Dates | |
| | | | Start | End |
| | | | | |
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| Licensure Program Completed | | |
|--|--------------|------------------------------------|
| <i>For special education licenses, please identify the specific disability category.</i> | | |
| 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 Institution | | Location (city, state, ZIP code) | |
| Signature of Certification Officer or Registrar | | | Date |

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| Name | File Folder Number |
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Section 6A: Verification of Completion of an Approved Licensure Program with Spring 2020 Student Teaching Variance

My signature indicates that I request a variance from the student teaching requirement and have completed either (1) ten weeks or more of student teaching or (2) nine weeks or fewer of student teaching and supplemental activities as indicated below by the teacher preparation program provider.

| | |
|-----------------------------|--------------|
| Applicant Signature: | Date: |
|-----------------------------|--------------|

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

| | |
|--|--|
| The state-approved teacher preparation program is from OUTSIDE of Minnesota AND (check all that apply): <input type="radio"/> a regionally accredited program <input type="radio"/> an alternative preparation program | The state-approved teacher preparation program is: <input type="radio"/> a Minnesota state-approved program |
| <input type="radio"/> Candidate is applying for a Minnesota Conditional One-Year Tier 3 license. | |

Student Teaching/Practicum/Supplemental Activities

For Spring 2020 candidates, the Professional Educator Licensing and Standards Board (PELSB) has approved modifications for student teaching placements. The Board has authorized 10 weeks or more of student teaching as meeting requirements for initial licensure. 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/Organization | Licensure Field(s) | Grade Level(s) Taught | Dates | |
|---------------------|--------------------|-----------------------|-------|-----|
| | | | Start | End |
| | | | | |
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Supplemental Activities

For Spring 2020 candidates that have completed less than 10 weeks of student teaching, the Board has approved a variety of alternative means to meet student teaching requirements. The following supplemental activities have been used to meet student teaching requirements as approved by PELSB. Check all that apply.

| | |
|---|---|
| <input type="checkbox"/> Avatar student teaching simulation | <input type="checkbox"/> Assessments |
| <input type="checkbox"/> Virtual Courses | <input type="checkbox"/> Observations |
| <input type="checkbox"/> Virtual discussions | <input type="checkbox"/> Individualized development plans (IEP's) |
| <input type="checkbox"/> Case Studies | <input type="checkbox"/> No supplemental activities |

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

SECTION 6A CONTINUED:

| Licensure Program Completed | | |
|--|---------------------|---|
| <i>For special education licenses, please identify the specific disability category.</i> | | |
| 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 Institution | Location (city, state, ZIP code) | |
| Signature of Certification Officer or Registrar | | Date |

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

Section 7: Verification of Teaching Experience

This section must be completed by an authorized official if you are using two or more years of teaching experience to obtain a Tier 3 license.

| District/School Name | Location (city, state) | Dates of Employment | | Percentage Fulltime | Specific Subject(s) Taught | Grade Level Taught |
|----------------------|---------------------------|---------------------|-----|---------------------|----------------------------|--------------------|
| | | Start | End | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I confirm this information is correct.

| | | | |
|--|--|--|-----------------------------------|
| Name of District or Charter School | | Six-Digit District Number (XXXX-XX) (only required for Minnesota schools) | |
| Mailing Address (city, state, ZIP code) | | | |
| Printed Name of Authorized Official | | Email Address | |
| Signature of Authorized Official | | Date | Ten-Digit Telephone Number |