MINNESOTA
PROFESSIONAL EDUCATOR
LICENSING AND STANDARDS BOARD

# Minnesota Tier 3 or Tier 4 American Indian Language, History, and Culture 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 3 or Tier 4 American Indian Language, History, and Culture licensure candidate does not require testing. 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. A Tier 4 license can be issued if the applicant has attained three years of teaching experience as the teacher of record. The Tier 4 license is valid for five years and expires on June 30 of the expiration year. A Tier 4 license may be renewed an unlimited number of times. Renewal requirements include 125 clock hours, including current mandatory requirements.

**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." 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.

☐ **If applicable: submitted official transcripts from all colleges or universities attended in an institution's sealed envelope or electronically from the institution directly 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 can receive mail. Please note that the address you designate on this form does not remain private after a license is issued.

☐ **Section 4: Licensure Requirements and Qualifications:**
- Indicate competence in the American Indian language, history or culture for which licensure is requested.

☐ **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, if applicable. This form is not required if previously submitted.

☐ **Section 7 (Tier 3) or Section 8 (Tier 4): Verification of Teaching Experience Form**

- This form must be completed, signed, and dated by an authorized school hiring official.

**PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED**

# Instructions for a Minnesota Tier 3 or Tier 4 American Indian Language, History, and Culture Educator License Application

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

*A check or money order payable to "PELSB" must be included.* ***This is a non-refundable processing fee.*** **No cash.**

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

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

Minnesota Rule 8710.4100 Teachers of American Indian Langauge, History and Culture License
(https://www.revisor.mn.gov/rules/8710.4100/)

## Important Information

- This application is for the Tier 3 or Tier 4 Minnesota American Indian Language, History, and Culture educator license only.
- If this is an initial Minnesota license or you have only previously held a Community Expert permission, completion of a fingerprint card is required. You will pay the $90.25 fee. Include the completed fingerprint card with the complete application.
- If you are adding a new licensure field to or renewing an existing Minnesota license, you do not need to complete a fingerprint card or send documentation that relates to your existing license. You will ONLY send documentation that is new since your last application AND pertains to the licensure field you are requesting on this application.

### Section 1: Applicant Information

- All applicants are required to provide a current street address, telephone number, and email address. Updates to changes in address, telephone number, and email address must be completed within 30 days of changes.
- Name: Provide your legal name as it appears on your social security card. If you are adding a new licensure field to an existing Minnesota license AND you have a NAME CHANGE, **please go to the online licensing system to change your name.**
- Social Security or Individual Taxpayer Identification Number: Minnesota Statute 270C.72, Subdivision 4 requires all agencies that issue licenses to collect social security (SSN) or individual taxpayer identification (ITIN) numbers as part of the application. Your application will be deemed incomplete if not provided. Indicate that you do not have a SSN/ITIN by checking the box in this section.
    - 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

- Indicate the specific American Indian Language, History and/or Culture.
- If you hold an existing Tier 3 or Tier 4 Minnesota license and are adding a new licensure field with this application, be sure to indicate this by checking the statement in this section.
- Check the statement in this section if you are adding a new licensure field and renewing an existing Tier 3 or Tier 4 Minnesota license. All clock hours must be reported before you apply.
- If you are moving from a Tier 3 to a Tier 4 license, please indicate this by checking the statement in this section. All Tier 3 clock hours must be reported in the year of expiration before applying.
- If you are renewing only, please use the Online License Renewal System.

## Section 3: Educational Background

- If adding a licensure field, only include information since your last license was issued.
- Official transcripts, if applicable, in an institution's sealed envelope may 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.
- Existing Minnesota license holders should only send official transcripts that have not been submitted previously.

## Section 4: Licensure Requirements and Qualifications

- All applicants must complete this section.
- If you hold an educator license in another state, include a copy of the license.
- Submit all documentation needed to verify the qualifications with your application.

## 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 where the teacher preparation program was completed, if applicable. This form is not required if previously submitted with a Tier 3 application.

## Section 7: Tier 3 Verification of Teaching Experience

- Have this section completed by an authorized school hiring official if you are providing documentation of teaching experience, along with an out-of-state professional teaching license.

## Section 8: Tier 4 Verification of Teaching Experience

- For **initial** Tier 4 applicants: Have this section completed by an authorized school hiring official if you are providing documentation of three or more years of teaching experience. If you already hold a Tier 4 or five-year license, this form is not required.

## 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.

MINNESOTA PROFESSIONAL EDUCATOR LICENSING AND STANDARDS BOARD

# Application for a Tier 3 or Tier 4 American Indian Language, History and Culture 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 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 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)** ☐ **Check here if no SSN/ITIN: letter needed – see Section 1 of Instructions** | **Birthdate: mm/dd/yyyy** | **Gender (optional)** ☐ Male ☐ 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)** ☐ Alaskan Native/ American Indian ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ Hispanic/ Latino ☐ White

## Section 2: Application Type

**Language, History or Culture to be Taught (**ie: Dakota)**:**

**Select All That Apply:** ☐ Language ☐ History ☐ Culture

☐ **CHECK HERE if you are adding a licensure field to an existing Minnesota Tier 3 or Tier 4 license.**

☐ **CHECK HERE if you are adding a licensure field to AND renewing an existing Minnesota Tier 3 or Tier 4 license.** ***All clock hours must be reported before applying.***

☐ **Check here if you are moving from a Tier 3 to a Tier 4 license.** ***If moving in the Tier 3 expiration year, all Tier 3 clock hours must be reported before applying*.**

## Section 3: Educational Background, optional

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

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

## Section 4: Licensure Requirements and Qualifications

The applicant meets the competence in the American Indian language, history or culture for which licensure is requested.

**1.** Indicate how you meet competency by checking the appropriate box or boxes below.
**At least one option must be fulfilled and checked.**

- ☐ a. Possesses competence in the American Indian language of the tribe or community
- ☐ b. Possesses unique qualifications relative to or knowledge and understanding of the American Indian history and culture of the tribe or community
- ☐ c. Holds a bachelor's degree **(*submit official transcripts*)**
- ☐ d. Has an academic degree approved by PELSB **(*submit official transcripts*)**
- ☐ e. Completed a course of study approved by PELSB **(*submit official transcripts, if applicable*)**
- ☐ f. Has completed a state-approved teacher preparation program in the American Indian language, history or culture of the tribe or community **(*submit transcripts and Section 6*)**
- ☐ g. Holds a professional license outside of Minnesota, aligned to the licensure field, which is in good standing and two years of teaching experience **(*submit a copy of your license and Section 7*)**

**2.** Indicate below the evidence that is being submitted to verify how you meet the requirement checked above.
**At least one option must be checked.**

- ☐ **1.** Certified Resolution or Letter prepared by the tribal government governing the tribe or community that indicates that the applicant meets the above requirement(s) checked above.
- ☐ **2.** Affidavit which attests to the applicant's competence in the American Indian language, knowledge and/or understanding of the history or culture of the tribe or community.
  - a. Submit documentation of the unique qualifications. PELSB will consult with the Tribal National Education Committee (TNEC) to evaluate the applicant's eligibility.

For **initial** Tier 4 applicants only:

- ☐ Moving from a Tier 3 to a Tier 4 American Indian Language, History, and Culture license **(*submit Section 8*) If moving in the Tier 3 expiration year, all Tier 3 clock hours must be reported before applying.**
  - a. Submit documentation of three years of teaching experience as the teacher of record by having Section 8 completed by an authorized school district hiring official.

# Section 5A: Conduct Review Statement

**(required for ALL applications)**

| Last Name | First Name | Middle Name | Previous Name |
|---|---|---|---|
| | | | |

| File Folder Number | Social Security Number/ITIN (required) |
|---|---|
| | |
| **Birthdate: mm/dd/yyyy** | **FOR STATE USE ONLY** |
| | |

**You must answer all questions completely and provide all requested information. Failure to answer any of the questions in a truthful manner or failure to provide the information requested could lead to denial of any educator license. Check the appropriate boxes below. If there is any writing on this form, it cannot be scanned properly and your application will be delayed. If you are submitting additional information, you must use either the Supplemental Information Form or other sheets of paper.**

**IF YOU ARE COMPLETING THE CONDUCT REVIEW FOR A RENEWAL OF OR ADDITION TO AN EXISTING MINNESOTA LICENSE, ONLY DISCLOSE INCIDENTS THAT HAVE OCCURRED SINCE YOUR LAST LICENSE WAS ISSUED.**

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

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

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

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

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

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

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

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

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

*CONDUCT REVIEW STATEMENT continued*

◯ Yes ◯ No 4. Are any criminal charges currently pending against you in Minnesota or any other state (this includes a pending stay of adjudication)?

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

◯ Yes ◯ No 5. Have you ever been the subject of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?

If you answered "yes," you must attach materials explaining the type of protective order, the date action was taken, the final order document, the court file number, and the court/county involved.

◯ Yes ◯ No 6. Have you ever been found in violation of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?

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

◯ Yes ◯ No 7. Have you ever been the subject of a maltreatment finding or disqualification by the Minnesota Department of Education, the Minnesota Department of Human Services, a county human services office or similar agency in Minnesota or another state?

If you answered "yes," you must attach materials explaining the type of action, the date action was taken, the final order document, and the agency involved.

◯ Yes ◯ No 8. Have you ever had an education or other occupational license revoked, suspended, denied, subject to a stayed suspension/probation, or received a formal reprimand in Minnesota or any other state?

If you answered "yes," you must attach material explaining the type of license, the date action was taken, the final decision document, and the agency involved.

◯ Yes ◯ No 9. Have you ever voluntarily surrendered or terminated an education or other occupational license because of misconduct?

If you answered "yes," you must attach material explaining the basis for the surrender/termination, type of license, location, date of surrender/termination, and agency involved.

◯ Yes ◯ No 10. Is disciplinary action/a misconduct investigation against your teaching, administrative, or other occupational license currently pending in Minnesota or another state?

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

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

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

## 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: Signature may be digitally signed, but not merely typed. | 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 is (check all that apply): | The state-approved teacher preparation program is: |
|---|---|
| ◯ a regionally accredited program<br>◯ an alternative preparation program | ◯ a Minnesota state-approved program |

### Student Teaching/Practicum/Internship

**Complete this section for all applicants that have student teaching/practicums/internships.**
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 |
| | | | | |
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### Licensure Program Completed

- ***This section must be completed for all licensure programs completed.***

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

## Section 7: Verification of Teaching Experience

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

This section must be completed by an authorized official if you are using licensure in another state along with two or more years of teaching experience as the teacher of record to obtain a Tier 3 license.

- **Submit a copy of the out-of-state professional teaching license with the completed application.**
- **Teaching experience must be in the licensure field sought.**

| District/School Name | Location (city, state) | Dates of Employment | | Percentage Fulltime | Specific Subject(s) Taught | Grade Level(s) Taught |
|---|---|---|---|---|---|---|
| | | Start | End | | | |
| | | | | | | |
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**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) | Email Address | |
| Printed Name of Authorized Official | Title of Authorized Official | |
| Signature of Authorized Official | Date | Ten-Digit Telephone Number |

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

## Section 7: Verification of Teaching Experience

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

- **All initial Tier 4 applicants** are required to provide documentation of three years of teaching experience as the teacher of record.
- If you already hold a Tier 4 or five-year license, this form is not required.

| Tier/License/ Licensure Field Held | Dates of Employment | | Percentage Fulltime | Specific Subject(s) Taught | Grade Level(s) Taught |
|---|---|---|---|---|---|
| | Start | End | | | |
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**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) | Email Address | |
| Printed Name of Authorized Official | Title of Authorized Official | |
| Signature of Authorized Official | Date | Ten-Digit Telephone Number |