MINNESOTA
PROFESSIONAL EDUCATOR
LICENSING AND STANDARDS BOARD

Minnesota Educator Tier 4 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 4 licensure candidate must hold a minimum of a bachelor's degree (BA), or meet the BA exemption, as well as evidence completion of a teacher preparation program, and have at least three years of teaching experience in the licensure field requested. 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. 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.

- Tier 4 American Indian History, Language and Culture candidates use the American Indian History, Language and Culture application.

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 6.

☐ **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 $89.00.
- For existing license holders: an application fee of $57.00 (fingerprint card is not required).

☐ **Fingerprint card completed for initial applications, signed and dated. Be sure NOT to fold or bend the card.**
- Fingerprints should be submitted on a white fingerprint card with light blue borders (FD-258). Additional fingerprint card information can be found here.
- Include the completed fingerprint card with the complete application.

☐ **Official transcripts from all regionally accredited colleges or universities attended in an institution's sealed envelope or electronically submitted directly from the institution to the PELSB general email box. In most instances, earned degrees must be posted on transcripts.**
- If you are adding a new licensure field to an existing Minnesota license, submit transcripts that have not been previously submitted and/or that are related to the licensure field requested.
- For individuals with preparation completed outside of the United States or its territories, transcripts must be evaluated by a foreign credential evaluation service. The National Association of Credential Evaluation Services (NACES) and the Association of International Credential Evaluators (AICE) have a list of approved providers. Please mail the original course-by-course evaluation of your foreign preparation to PELSB.

☐ **Completed application, including Sections 1-4.**
- **SSN/ITIN** – if an out-of-country 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 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 where the teacher preparation program was completed. This form is not required if previously submitted with a Tier 3 application.

☐ **Section 6A: Verification of Out-of-State Educator Credentialing Test Scores (out-of-state applicants only)**

- This form must be completed, signed and dated by the state verification or preparation program provider certifying officer if you are requesting a review of out-of-state testing to meet Minnesota testing requirements.

☐ **Section 7: Verification of Teaching Experience Form**

- This form must be completed, signed, and dated by an authorized school official. Three years of teaching experience is required for all **initial** Tier 4 applications.

PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for a Tier 4 Minnesota Educator License Application

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

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

- Initial/First Time Minnesota Educator License Application Fee: $89.00 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.184 Tier 4 License (https://www.revisor.mn.gov/statutes/cite/122A.184)

Important Information

- This application is for general and special education.
  - If you are seeking the Tier 4 American Indian History, Language and Culture license, you will need to complete the American Indian History, Language and Culture application.
- If this is an initial Minnesota license or you have only previously held a Community Expert permission, completion of a fingerprint card and submission of official transcripts is required. You will pay the $89.00 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 or moving from a Tier 3 Minnesota license to a Tier 4 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: Provide an email address that you have access to throughout the year. Important information will be sent to this email address, including instructions on how to print the e-license. Email addresses do not remain private after a license has been issued.
- ***Home Address: Your home address remains private if you enter a separate designated address. If there is no designated address, the home address does not remain private after the license is issued.***
- ***Designated Address: Your designated address may be a residence or place of business. Please note that the address you designate on this form does not remain private after a license is issued.***

- Ethnicity/Race: This section is optional and will not affect the decision of the application. You may choose more than one option.

Section 2: Application Type

- Be sure to include the licensure field you are requesting on this application. If you are unsure of the name of the licensure field, please see the Minnesota Licensure Fields document.
- If you hold an existing 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.
- If you are adding AND renewing an existing Tier 4 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 moving from a Minnesota Tier 3 license to a Tier 4 license, 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 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 a Tier 4 license 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 or transcripts may be electronically submitted directly from the institution to the PELSB general email box. All mailed materials must be submitted in one complete packet.
- If you hold an existing Minnesota educator license, only submit official transcripts that have not been submitted previously.

Section 4: Licensure Requirements

- All applicants must complete this section.
- If you hold an educator license in another state, 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 approved Minnesota 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

- If required, this verification form must be completed, signed and dated by the official certification officer where the teacher or school counselor preparation program was completed. **Not required if previously submitted.**
- 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.
- **School Nurse** applicants MUST submit evidence (official transcripts) of completion of a nursing program and include a copy of your current license 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 bachelor's or master's degree 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). If the master's degree program completed was not ASHA approved, submit 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.
- **School Counselor** applicants that have completed a preparation program not accredited by CACREP MUST submit Section 6, as well as submit official transcripts from all institutions.
- **If you have submitted this form previously (e.g. for a Tier 3 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 Out-of-State Educator Credentialing Test Scores

- Out-of-state applicants that have not or do not hold a professional license in the same state where the teacher licensure program was completed may have this section completed by an authorized state verification or preparation provider certification officer. If you are providing evidence of testing to be reviewed in lieu of Minnesota testing, the testing (if required) must have been completed for licensure in the same state as the teacher preparation program.
- The testing must have been adopted by the state where the licensing occurred and be (or had been) in use at the time of preparation completion.

Section 7: Verification of Teaching Experience

- For **initial** Tier 4 applicants only: Submit this section if you are providing documentation of three or more years of teaching experience while holding a license in the licensure field taught. 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 4 Minnesota Educator License

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

***General Information and Instructions**: a partial or incomplete application packet will be returned to the applicant for completion and resubmission. To ensure the submission of a complete packet, review and follow the instructions and checklist.* **If you have never previously held licensure with PELSB, please use the online licensing system to apply**.

A completed Conduct Review Statement must accompany every application.

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

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

- Initial/First Time Minnesota Educator License Application Fee: $89.00 which includes a 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 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

Enter the name of the LICENSURE FIELD(S) you are requesting: (ie: Math)	

☐ **Check here if you are adding a licensure field to an existing Minnesota Tier 4 license.**

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

☐ **Check here if moving from Tier 3 to Tier 4.** ***All Tier 3 clock hours in year of expiration 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, University or Preparation Program	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

The applicant meets the educational or professional requirements:

◯ 1. **Holds a bachelor's degree** from a regionally-accredited institution **or meets BA exemption** (*submit official transcripts in an institution's sealed envelope or send electronically directly from the institution to the PELSB general email box; the degree must be identified on the transcript*),

◯ 2. **And demonstrates completion of one of the following (check at least one box below):**

☐ a. An approved Minnesota teacher preparation program – *submit official transcript(s) directly from the preparation program to PELSB with the licensure program listed; submit Section 6*.

☐ b. A state-approved teacher preparation program outside of Minnesota that includes 12 weeks of full time field-specific 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 teaching experience in the licensure field; include the Verification of Teaching Experience Form to qualify for this exception) – *submit a copy of your license and official transcripts directly from the preparation program to PELSB with the licensure program listed; Section 6 must be completed and Section 7, if applicable*.

☐ c. A state-approved teacher preparation program outside of Minnesota that did not include licensure in the same state as the preparation program – *submit official transcript(s) directly from the preparation program to PELSB with the licensure program listed and*

- ☐ Passed testing that was required at the time of preparation in the same state as the teacher preparation program to be reviewed in lieu of Minnesota testing – *submit Sections 6 and 6A*, OR
- ☐ Passed applicable MTLE content and pedagogy exams before applying – *submit Section 6*
  Refer to the Minnesota Teacher Licensure Testing Information document on the PELSB website for specific Minnesota testing information.

☐ d. Adding a licensure field to an existing Tier 4 license (which required completion of a teacher preparation program), a professional teaching license from another state, evidence that the candidate's license is in good standing, and two years of teaching experience as the teacher of record outside of Minnesota in the requested licensure field – *submit a copy of your license; submit Sections 6 and 7.*

- ☐ Passed applicable MTLE content and pedagogy exams before applying.
  Refer to the Minnesota Teacher Licensure Testing Information document on the PELSB website for specific Minnesota testing information.

☐ e. Hold national board certification from the National Board for Professional Teaching Standards – submit evidence of certification in licensure field requested.

☐ f. Applying for and providing evidence of meeting the requirements for one of the following related services (non-teaching) licensure fields: **School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist**. No testing required. *Submit Section 6, if applicable.*

◯ **3. And has three years of classroom teaching experience, as the teacher of record, or related service experience,** *for <u>initial</u> Tier 4 applicants only, submit Section 7.*

Please note: For applicants from outside of Minnesota, the scope (grade level) of the Minnesota licensure field may be restricted to the grade levels of teaching experience (including student teaching).

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

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 must be completed by the state-approved license program certification officer.
Not required if previously submitted, i.e. if submitted for a Tier 3 license.

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 ◯ 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. *For special education experiences,* include the ages/grade levels AND specific disability categories (with the severity levels: mild, moderate, severe, and/or profound) of students served in each placement. License issuance may be delayed without this information.

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

Licensure Program Completed

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

Subject/Licensure Field	Grade Levels	Date Preparation Program Completed

I confirm this information is correct.

Print Name of Certification Officer or Registrar	Title

Email Address for Certification Officer or Registrar	Telephone Number for Certification Officer or Registrar

Name of Teacher Preparation Program	Location (city, state, ZIP code)

Signature of Certification Officer or Registrar	Date

Name	File Folder Number

Section 6A: Verification of Out-of-State Educator Credentialing Test Scores

THIS SECTION IS TO BE COMPLETED BY THE STATE EDUCATOR LICENSURE VERIFICATION OR CERTIFICATION OFFICIAL.

This section must be submitted by out-of-state applicants who do not hold or have not held a license in the same state where the license program was completed. Verification of out-of-state testing must be submitted to be considered in lieu of Minnesota testing to obtain a license.

- **The applicant named above has applied for an educator license in Minnesota and requires official verification of the exams passed in your state to obtain educator licensure.**
- ***The exams must have been adopted by the state where licensure training was completed. The tests must also have been in use at the time the preparation was completed.***

Testing Exams							
Complete this section for all testing that this applicant has completed.							
Test Type	**Test Name (ie: Praxis)**	**Test Number**	**Test passed?**				**Date Test was Passed (mm/dd/yyyy)**
Basic Skills – Reading:			☐ **Yes**	☐ **No**	☐ **Not Taken**	☐ **Not Required**	
Basic Skills – Writing:			☐ **Yes**	☐ **No**	☐ **Not Taken**	☐ **Not Required**	
Basic Skills – Math:			☐ **Yes**	☐ **No**	☐ **Not Taken**	☐ **Not Required**	
Subject Content:			☐ **Yes**	☐ **No**	☐ **Not Taken**	☐ **Not Required**	
Subject Content:			☐ **Yes**	☐ **No**	☐ **Not Taken**	☐ **Not Required**	
Subject Content:			☐ **Yes**	☐ **No**	☐ **Not Taken**	☐ **Not Required**	
Pedagogy (grades):			☐ **Yes**	☐ **No**	☐ **Not Taken**	☐ **Not Required**	
Pedagogy (grades):			☐ **Yes**	☐ **No**	☐ **Not Taken**	☐ **Not Required**	
Pedagogy (grades):			☐ **Yes**	☐ **No**	☐ **Not Taken**	☐ **Not Required**	

I confirm this information is correct.

Print Name of Verifying/Certifying Officer	**Title**
Email Address for Verifying/Certifying Officer	**Telephone Number for Verifying/Certifying Officer**
Name of Agency	**State Jurisdiction**
Signature of Verifying/Certifying Officer	**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.

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.

If you are applying for an initial Tier 4 license for a School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist, you are required to provide evidence of three years of work experience in your licensure field in a school setting.

If experience is different between years, please break down each year of experience.

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