

Minnesota Lifetime Short-call Substitute License Application

Application General Information and Checklist

General Information: A Lifetime Short-call Substitute license candidate must have been a qualified licensed teacher, currently retired and must be receiving a retirement annuity. This license does not expire and does not require completion of clock hours. The holder may substitute teach for up to 20 school days in any specific assignment or long-term substitute teach for the same teacher of record who is on a leave of absence for more than 20 consecutive school days. To be eligible to long term substitute teach, the lifetime substitute teacher must hold or have held a Tier 3 or Tier 4 license, Minnesota five-year license (or equivalent), or professional license from another state that is **aligned to the assignment being requested by the district or charter school**.

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, 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 required 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.
- ☐ **Out-of-state applicants ONLY:**
 - Submit official transcripts verifying completion of a teaching degree. Earned degrees must be posted on the transcripts and submitted with your complete application.
 - Submit a copy of your out-of-state license with your complete application.
- ☐ **Completed application, including Sections 1-3.**
 - **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 3: Teacher Retirement Association (TRA) Verification**
 - This form must be sent to the state TRA or non-public retirement annuity to be completed by an authorized teacher retirement official. The form must be returned to the applicant and submitted with the complete application.
- ☐ **Section 4: Verification of Teaching Experience – *Non-public School Teachers ONLY***
 - Accredited non-public school teachers only must verify at least three years of teaching experience. This form must be completed by an authorized school official and submitted with the complete application.
- ☐ **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.**

PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for a Lifetime Short-call Substitute Teaching 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 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.18, Subpart 7](https://www.revisor.mn.gov/statutes/cite/122A.18) (<https://www.revisor.mn.gov/statutes/cite/122A.18>)

Important Information

- This application is for a Lifetime Short-call Substitute License only. The applicant must be retired from teaching and receiving an annuity before applying.
- If you are adding a new licensure field 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 license was issued.
- A teacher that holds a lifetime short-call substitute license may long-term substitute teach for the same teacher of record who is on a leave of absence for more than 20 consecutive school days. To be eligible, the lifetime substitute teacher must hold or have held a Tier 3 or Tier 4 license, Minnesota five-year license (or equivalent), or professional license from another state that is **aligned to the assignment being requested by the district or charter school**.

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.
- Email: It is important to provide an email address that you frequent often. 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

- Provide your retirement association file number.
- If you hold an existing Minnesota license and are adding the substitute license with this application, be sure to indicate this by checking the statement in this section.
- If you are adding the lifetime substitute license AND renewing an existing Minnesota license with this application, indicate that you are renewing by checking the statement in this section. All clock hours must be reported before applying to renew your previous license. Both of these statements may be checked.

Section 3: Teacher Retirement Association Verification

- All applicants are required to have Section 3 completed by a TRA official.
- The retirement association official must verify that the applicant is retired and collecting an annuity.
- The form should be completed by the TRA official and returned to the applicant. The applicant must submit the form with the completed application. We cannot accept completed forms directly from the TRA.
- **For non-public school teachers**, this form can be completed by the authorized retirement official that administers the retirement annuity.

Section 4: Verification of Teaching Experience

- **Non-public school teachers ONLY.** This section must be completed by an authorized school or district official and must be submitted with the application. Digital time and date stamped signatures are accepted, but merely typed signatures are not accepted.

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.

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 Lifetime Short-call Substitute Teaching 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. 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) <input type="checkbox"/> Check here if you do not have a SSN/ITIN		Birthdate: mm/dd/yyyy		Gender (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Contact Information:		Daytime Telephone Number		Email Address: (PELSB communications will be sent to this email address.)	
Home Address:	Street/Apt. Number		City	State	ZIP Code
Designated Address:	Street/Apt. Number		City	State	ZIP Code
Ethnicity/Race (optional; choose all that apply) <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White					

Section 2: Application Type

Retirement Association File Number:	
<input type="checkbox"/> Check here if you are adding a lifetime substitute field to an existing Minnesota license.	
<input type="checkbox"/> Check here if you are adding a lifetime substitute field AND renewing an existing Minnesota license. <i>All clock hours must be reported before applying to renew the license.</i>	

Section 3: Teacher Retirement Association Verification

This section must be completed by a teacher retirement association official.

Minnesota File Folder Number:	Retirement Association File Number:
Last Name:	First Name:
Birthdate: (mm/dd/yyyy)	Effective Date of Retirement (mm/dd/yyyy)

Check one of the following:

☐

I verify the above named individual is a retired teacher and is now receiving a retirement annuity as a result of teaching experience.

☐

Teacher Retirement Association records indicate that this teacher is not retired and is not currently receiving a retirement annuity.

Teacher Retirement Association Name and State		Ten-digit Telephone Number
Printed Name of Teacher Retirement Association Official	Email Address	
Signature of Teacher Retirement Association Official		Date

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.

Name	File Folder Number
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Section 4: Verification of Teaching Experience

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

- Non-public school teachers must verify three years of teaching experience.
- This form must be completed by an authorized school or district official.
- Submit a copy of your license with the application.

Teaching Experience						
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)		Email Address	
Printed Name of Authorized Official		Title of Authorized Official	
Signature of Authorized Official		Date	Ten-Digit Telephone Number

Section 5A: Conduct Review Statement

(required for ALL applications)

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

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

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

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

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

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

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

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

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

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

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

Name	File Folder Number
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CONDUCT REVIEW STATEMENT continued

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

☐ Yes ☐ No

11. Have you ever been terminated, suspended, resigned from or otherwise left an employment position after allegations of misconduct were made against you or when an investigation into those allegations was pending?

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

☐ Yes ☐ No

12. Have you or a school district in which you were employed ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation that involved **YOUR** sexual conduct?

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

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

Certification of Information

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

Signature of Applicant: Signature may be digitally signed, but not merely typed.	Date
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Name	File Folder Number
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<p align="center">Section 5B: Supplemental Information Form (required only if you answered "YES" to questions 1, 2, 3, 4 or 6)</p>

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

1. Convicted or currently charged with:

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

3. Date of offense:

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

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

6. Plea and conditions of probation, if any:

7. Date of release from probation:

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

9. Details of incident:

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

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