Instructions for a Tier 3 or Tier 4 Minnesota Educator License

It is the applicant’s responsibility to submit the required items in ONE completed packet to PELSB. To ensure the submission of a complete packet, review and follow these instructions AND the checklist at the end of the application.

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: $89.00 (this includes the fingerprint card processing fee)
- All Other Application Fees: $57.00

Section 1: Applicant Information

- Name: Provide the legal name as it appears on your social security card.
- Social Security Number: Minnesota Statute 270C.72, Subdivision 4 requires all agencies that issue licenses to collect Social Security Numbers as part of the application. The application will be 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.
- Ethnicity/Race: This section is optional and will not affect the decision of the application.

Section 2: Application Type

- If you are unsure as to which tier you should apply, complete Section 4 to assist with determination or use the chart provided on page 3 of these instructions.
- List under Content area(s) or Career and Technical Education area(s) (CTE)/Career Pathways the name of the licensure field you are seeking.
- If you are applying for a license in the field of School Social Worker, School Nurse, School Psychologist, Speech-Language Pathologist, or School counselor you will follow the Content area(s) route. Be sure to read all these instructions for additional information on requirements for your application.
- Administrative Licenses: If you are applying for an administrative license, which is a non-tiered license, please identify if it is for a Principal, Superintendent, Director of Special Education, or Community Education Director.
- Be sure to review and complete the indicated sections.

Section 3: Educational Background

- All individuals must complete this section. If you do not have a degree (applying for a CTE or Career Pathways license) you will choose degree code 0 or write NO DEGREE.
- Sealed official transcripts must be included with the rest of the required application materials for licensure. All mailed materials must be submitted in one completed packet.

Section 4: Licensure Requirements

- All applicants must complete this section.
- If you are unaware if you qualify for a Tier 3 or Tier 4, you can complete this section to assist with determination.
- If you have completed the education requirements in Minnesota for a license in School Social Worker, School Nurse, School Psychologist, Speech-Language Pathologist, or School counselor check Minnesota state-approved program option. See next page, under Section 8, for education requirements.
- If you have completed the education requirements outside of Minnesota for a license in School Social Worker, School Nurse, School Psychologist, Speech-Language Pathologist, or School counselor check the outside of Minnesota option. See next page, under Section 8, for education requirements.
Section 5: Conduct Review

- All applicants are required to complete Section 5 A.
- If this is not your first application for a Minnesota education license, your answers on the conduct review statement apply only to the period since your last application.
- If you answer yes to any of the questions, please provide the additional materials requested.
- If you answer yes to question 1 or 4, you are required to complete Section 5 B.

Section 6: Teaching Experience

- Complete this section if you are providing documentation of teaching experience for a Tier 3 license.
- This section is REQUIRED for a Tier 4 license in all areas.

Section 7: Career and Technical Education/Career Pathways Licensure

- If you are using an associate’s degree as qualification for licensure, please provide official, sealed transcripts.
- If you are using a professional certification as qualification for licensure, please provide a copy of the certification.

Section 8: Verification of Completion of a State-Approved Licensure Program

- This verification form must be completed by the official certification officer at the recommending college, university, or institution.
- All signatures must be original. We cannot accept photocopy or emailed signatures.
- If you are applying for a School Social Worker, School Nurse, School Psychologist, or Speech-Language Pathologist license you are NOT required to complete this section. YOU ARE REQUIRED to submit official transcripts from all institutions in a sealed envelope.
- If you are applying for a School Social Worker license you 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 the current Minnesota Board of Social Work license.
- If you are applying for a School Nurse license you MUST include a copy of both current licensure as a Minnesota registered nurse and current registration as a Minnesota public health nurse.
- If you are applying for a School Psychologist License you must submit evidence (official transcripts) of completing a preparation program in school psychology accredited by the National Association of School Psychologists (NASP).
- If you are applying for a Speech-Language Pathologist License you must submit evidence (official transcripts) of a Master’s degree in a Speech-Language Pathology from a program accredited by the Council on Academic Affairs of the American Speech-Language-Hearing Association (ASHA) OR evidence of holding a valid certificate of clinical competence from ASHA.
- If you are applying for a School Counselor license AND you completed a preparation program for school counseling accredited by the Council for the Accreditation of Counseling and Related Educational Personnel (CACREP), you are not required to complete this section. You are still REQUIRED to submit official transcripts from all institutions in a sealed envelope.
- If you are applying for a School Counselor license AND you completed a preparation program not accredited by CACREP, you must complete this section as well as submit official transcripts in a sealed envelope.

Section 9: Administrative Licensure

- If you are applying for an administrative license, a non-tier license, please be sure to complete section 8 and 9.
- Have the appropriate organization complete the verification.

Additional Notes

- To request a fingerprint card, please email PELSB staff at pelsb@state.mn.us. In the email include your name, licensure application type, and current mailing address. The subject line of the email should be “fingerprint card request.”
## How do I determine which tier to request?

### TIER 3: Content Licensure Fields

- I hold a Bachelor’s degree.
- I am applying for a Related Service license that does not require testing (school social worker, school nurse, school psychologist, school counselor, speech-language pathologist) – skip the testing questions
- I have passed the MTLE pedagogy examinations (both subtest 1 and subtest 2)
- I have passed the MTLE content specific examinations OR there is not an exam for the licensure field being requested.
- I have completed one of the following:
  - a. A Minnesota state-approved teacher preparation program
  - b. A state-approved teacher preparation program outside of Minnesota that includes 12 weeks of fulltime student teaching
  - c. Completed and was recommended for Licensure via Portfolio (initial license)
  - d. Hold a professional teaching license from another state that is in good standing and have two years teaching experience

### TIER 3: Career and Technical Education (CTE) or Career Pathways License

- I have at least one of the following in a relevant content area to the license for which I am applying:
  - a. Associate’s degree
  - b. Professional certificate
  - c. Five years of relevant work experience
- I have passed the MTLE pedagogy examinations (both subtest 1 and subtest 2)
- I have passed the MTLE content specific examinations OR there is not an exam for the requested licensure field
- I have completed one of the following:
  - a. A Minnesota state-approved teacher preparation program
  - b. A state-approved teacher preparation program outside of Minnesota that includes 12 weeks of fulltime student teaching
  - c. Completed and was recommended for Licensure via Portfolio (initial license)
  - d. Hold a professional teaching license from another state that is in good standing and have two years teaching experience

### TIER 4: Content Licensure Fields

- I hold a Bachelor’s degree.
- I am applying for a Related Service license that does not require testing (school social worker, school nurse, school psychologist, school counselor, speech-language pathologist) – skip the testing questions
- I hold a Tier 4 license and am adding an additional field (Licensure via Portfolio)
- I have completed a state-approved teacher preparation program
- I have passed the MTLE pedagogy examinations (both subtest 1 and subtest 2)
- I have passed the MTLE content specific examinations OR there is not an exam for the requested licensure field
- I have met the requirements for the Board-Approved Skills Exam (basic skills)
- I have taught in Minnesota for at least three years
- I am not currently on an improvement plan based on my most recent summative evaluation

### TIER 4: Career and Technical Education (CTE) or Career Pathways License

- I have at least one of the following in a relevant content area to the license for which I am applying:
  - a. Associate’s degree
  - b. Professional certificate
  - c. Five years of relevant work experience
- I hold a Tier 4 license and am adding an additional field (Licensure via Portfolio)
- I have completed a state-approved teacher preparation program
- I have passed the MTLE pedagogy examinations (both subtest 1 and subtest 2)
- I have passed the MTLE content specific examinations OR there is not an exam for the requested licensure field
- I have met the requirements for the Board-Approved Skills Exam (basic skills)
- I have taught in Minnesota for at least three years
- I am not currently on an improvement plan based on my most recent summative evaluation

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**Minnesota Statutes 122A.183 Tier 3 License**
https://www.revisor.mn.gov/statutes/cite/122A.183

**Minnesota Statutes 122A.184 Tier 4 License**
https://www.revisor.mn.gov/statutes/cite/122A.184
Application for a Tier 3 or Tier 4 Minnesota Educator License

PELSB
1500 Highway 36 West, Suite 300
Roseville, MN  55113-4055

General Information and Instructions: a partial or incomplete application packet will be returned to the applicant for completion and resubmission. It is the applicant’s responsibility to submit the required items in one envelope to PELSB. To ensure the submission of a complete packet, review and followed the attached checklist. If you have questions, call 651-539-4200 or go to the website at https://mn.gov/pelsb/

A check or money order payable to “PELSB” must be included: $89.00 for an initial application and fingerprint card processing fee or $57.00 for all other applications. This is a non-refundable processing fee.

A completed Conduct Review Statement must accompany every application.

Section 1: Applicant Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Previous Name</th>
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Social Security Number (required)

Month/Day/Year of Birth

Gender (optional)

Male
Female

Ethnicity/Race (optional)

American
Indian
Asian
Black
Hawaiian/
Pacific Islands
Hispanic/
Latino
White

Section 2: Application Type

Licensure type and field applied for (if unsure of type, complete section 4 first):

☐ This application is to add another licensure field to an existing Minnesota license.

☐ Tier 3 licensure

Content area(s)

Career and Technical Education area(s)/Career Pathways

3, 4, 5, 8

☐ Tier 4 licensure

Content area(s)

Career and Technical Education area(s)/Career Pathways

3, 4, 5, 6, 7

☐ Non-Tiered License

Administrative Field:

3, 5, 8, 9

Section 3: Educational Background

Use the following Degree Codes:

0 – No Degree
1 – Associate’s Degree
2 – Bachelor’s Degree
3 – 5th Year Program
4 – Master’s Degree
5 – Specialist
6 – Doctorate

<table>
<thead>
<tr>
<th>College or University</th>
<th>Located at (city and state)</th>
<th>Degree Code</th>
<th>Year of Degree</th>
<th>FOR STATE USE ONLY College Code</th>
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Section 4: Licensure Requirements

The applicant meets the educational or professional requirements:

1. Holds a Bachelor’s Degree
2. Applying for a Career and Technical Education (CTE) or Career Pathways License
3. 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 Social Worker, School Nurse, School Psychologist, School Counselor, and Speech-Language Pathologist). Refer to the Minnesota Teacher Licensure Testing Information document for specific testing information.
   (https://mn.gov/pelsb/assets/Teacher%20Licensure%20Testing%20Information_tcm1113-321360.pdf)
   a. Basic Skills requirements
   b. Pedagogy subtest 1 and 2: 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)
   c. Content Specific subtest 1 and 2 (includes subtest 3 for Elementary Education) aligned to licensure content area (check here if the content area requested does not have a content test)
4. Demonstrates completion of one of the following
   a. A Minnesota-approved teacher preparation program or
   b. A state-approved teacher preparation program outside of Minnesota that includes 12 weeks of fulltime student teaching (the student teaching requirement does not apply to a candidate who has completed a state-approved teacher preparation program outside of Minnesota AND has two years of teaching experience, include the Teaching Experience verification to qualify for this exception)
   c. Have been recommended for licensure through the Licensure via Portfolio process
      (https://mn.gov/pelsb/aspiring-educators/portfolio/)
   d. A professional teaching license from another state, evidence that the candidate’s license is in good standing and two years of teaching experience
5. Three years teaching experience in a Minnesota district or charter school
6. Not currently on an improvement plan, based on the most recent summative evaluation (pursuant to Minnesota Statutes 122A.40, subdivision 8 or section 122A.41, subdivision 5)

What License do I apply for?

Apply for a Tier 3 license if you have checked all of the following:

• 1 or 2
• 3b and 3c
• At least one of the options in 4

Apply for a Tier 4 license if you have checked all of the following:

• 1 or 2
• All of the options in 3
• 4A or 4B (or 4C ONLY if you currently hold a Tier 4 license and are adding an additional license)
• 5
• 6
## Section 5 A: Conduct Review Statement
(required for ALL applications)

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Previous Name</th>
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<tr>
<th>File Folder Number</th>
<th>Social Security Number (required)</th>
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<table>
<thead>
<tr>
<th>Birthdate: mm/dd/yyyy</th>
<th>FOR STATE USE ONLY</th>
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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 your answers should reflect the time period since your most previous application.

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.

1. Have you ever been convicted of a crime?
   - Yes ☐ No ☐
   - 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 7 B).

2. Have you ever been referred to a pre-trial diversion program after being arrested?
   - Yes ☐ No ☐
   - If you answered “yes,” you must attach material explaining the action, location(s), date(s), and the agency involved.

3. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct, homicide, assault, or any other crime involving violence?
   - Yes ☐ No ☐
   - If you answered “yes,” you must attach material explaining the offense, date, location, and the law enforcement agency involved.

4. Are any criminal charges currently pending against you in Minnesota or any other state?
   - Yes ☐ No ☐
   - If you answered “yes,” you must complete the Supplemental Information form (Section 7 B) and attach it to this page.
CONDUCT REVIEW STATEMENT continued:

☐ Yes ☐ No 5. Have you ever had an education or other occupational license revoked, suspended, or denied in Minnesota or any other state?
   If you answered “yes,” you must attach material explaining the type of license, the date action was taken, and the agency involved.

☐ Yes ☐ No 6. Have you ever voluntarily surrendered an education or other occupational license?
   If you answered “yes,” you must attach material explaining the action, location, date, and agency involved.

☐ Yes ☐ No 7. Is disciplinary action against your teaching, administrative, or other occupational license currently pending in another state?
   If you answered “yes,” you must attach material explaining the action or charges, location, date, and employer involved.

☐ Yes ☐ No 8. Have you ever resigned from or otherwise left an employment 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 9. 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 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 Licensing and Standards Board (PELSB).

Signature of Applicant (ORIGINAL signatures only, copies and electronic signatures NOT accepted) Date
### Section 5 B: Supplemental Information Form
(required only if you answered “YES” to questions 1 or 4)

*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.

<table>
<thead>
<tr>
<th>File Folder Number</th>
<th>Printed Name</th>
<th>Date of Birth</th>
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**Signature of Applicant (ORIGINAL signatures only, copies and electronic signatures NOT accepted)**

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# Section 6: Teaching Experience

Complete this section if you are using two or more years teaching experience to obtain a Tier 3 license or if you are applying for a Tier 4 license.

If you are applying for Tier 4 license for School Social Worker, School Nurse, School Psychologist, School Counselor, or Speech-Language Pathologist, you are required to provide evidence of three years of working in a Minnesota district or charter school.

<table>
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<tr>
<th>District/School Name</th>
<th>Location (city, state)</th>
<th>Dates of Employment</th>
<th>If not Fulltime, indicate percentage</th>
<th>Subject Taught</th>
<th>Grade Level</th>
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Name of District or Charter School (Minnesota schools: include six-digit district number)

Mailing Address (city, state, zip code)

Printed Name of Authorized Official

Email Address

Signature of Authorized Official (ORIGINAL signatures only, copies and electronic signatures NOT accepted)

Date

Ten-Digit Telephone Number
# Section 7: Career and Technical Education Licensure

A candidate must have one of the following credentials in a relevant content area to teach a class in career and technical education or career pathways course of study. Check one of the following.

- an associate’s degree (submit official transcripts)
- a professional certification (submit a copy of the certification)
- five years of relevant work experience (complete the below information)

## Work Experience

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<tr>
<th>Place of Employment</th>
<th>Location (city, state)</th>
<th>Dates of Employment</th>
<th>If not Fulltime, indicate percentage</th>
<th>Position Title</th>
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Name of Employer  
Mailing Address (city, state, zip code)

Printed Name of Authorized Official  
Email Address

Signature of Authorized Official (ORIGINAL signatures only, copies and electronic signatures NOT accepted)  
Date  
Ten-Digit Telephone Number
Section 8: 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):
- [ ] a regionally accredited program
- [ ] an alternative preparation program

The state-approved teacher preparation program is:
- [ ] a Minnesota state-approved program

Student Teaching/Practicum/Internship

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

<table>
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<tr>
<th>School/Organization</th>
<th>Licensure Field(s)</th>
<th>Grade Level(s)</th>
<th>Dates</th>
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Licensure Program Completed

For special education licenses, please identify the specific disability category.

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<tr>
<th>Subject/Licensure Field</th>
<th>Grade Levels</th>
<th>Date Preparation Program Completed</th>
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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)

Signature of Certification Officer or Registrar (ORIGINAL signatures only, copies and electronic signatures NOT accepted)  Date
**Section 9: Verification of Teaching Experience for Initial Administrative Licensure**

Verification, by an authorized official, of three years of successful classroom teaching experience for which the applicant held a valid license to practice is required for an initial Superintendent, Principal, and Director of Special Education license. For an initial Local Vocational Director, verification of three years of experience in vocational/career and technical education in Minnesota while holding the appropriate license. Two of the three years must have been in teaching or work experience coordination. One of the three years may have been earned as a licensed Local Vocational Program Supervisor, or earned while holding a variance as a Local Vocational Program Director.

Do not include student teaching/practicum experiences or experiences gained while not properly state authorized/licensed for the position. Do not include leaves-of-absence.

<table>
<thead>
<tr>
<th>District/School Name</th>
<th>Location (city, state)</th>
<th>Dates of Employment</th>
<th>If not Fulltime, indicate percentage</th>
<th>Subject(s) Taught</th>
<th>Grade Level</th>
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I confirm this information is correct.

Name of District or Charter School (Minnesota schools: include six-digit district number)

Mailing Address (city, state, zip code)

Printed Name of Authorized Official

Email Address

Signature of Authorized Official (ORIGINAL signatures only, copies and electronic signatures NOT accepted)

Date

Ten-Digit Telephone Number
Review and Checklist

Partial or incomplete packets will be returned to the applicant for completion and resubmission. Review the following questions to ensure you have completed the required paperwork and included all required materials in the envelope.

1. Have you completed all required sections?
   a. Tier 3 Content License: sections 1, 2, 3, 4, 8, 5
   b. Tier 3 Career and Technical (CTE) or Career Pathways License: sections 1, 2, 3, 4, 5, 7
   c. Tier 4 Content License: sections 1, 2, 3, 4, 5, 6, 8
   d. Tier 4 Career and Technical (CTE) or Career Pathways License: sections 1, 2, 3, 4, 5, 6, 7, 8
   e. Non-Tier Administrative License: sections 1, 2, 3, 5, 8, 9

2. Have you included in your package all official transcripts in sealed envelopes?
   a. Required if you indicated degrees or courses on sections 3, 4, 7, 8
   b. 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 forward the original course-by-course evaluation of your foreign preparation once completed.

3. Have you obtained the appropriate verification and signatures for the following sections you completed?
   a. Section 6: Teaching Experience
   b. Section 7: Work Experience
   c. Section 8: Verification of Completion of a State-Approved Licensure Program
   d. Section 9: Verification of Teaching Experience for Initial Administrative License

4. If you are applying for the following licenses, have you included the additional materials required?
   - School Social Worker – Section 8 NOT required
     ▪ Official transcripts to prove completion of a program accredited by the CSWE
     ▪ A copy of the current Minnesota Board of Social Work license
   - School Nurse – Section 8 NOT required
     ▪ Official transcripts from all institutions
     ▪ Copy of both a current licensure as a Minnesota registered nurse and current registration as a Minnesota public health nurse
   - School Psychologist – Section 8 NOT required
     ▪ Official transcripts to prove completion of preparation program accredited by NASP
   - Speech-Language Pathologist – Section 8 NOT required
     ▪ Official transcripts that show a master’s degree in Speech-Language Pathology from a program accredited by ASHA or evidence of holding a valid certificate of clinical competence from ASHA
   - School Counselor
     ▪ Official transcripts to prove completion of a preparation program for school counseling accredited by CACREP – section 8 NOT required
     ▪ If your program was not accredited by CACREP, you MUST complete Section 8 and submit official transcripts

5. Have you completed Section 5 A: Conduct Review Statement? AND
   a. If you answered YES to questions 1 or 4, have you completed Section 5 B
   b. If you answered YES to questions 2, 3, 5, 6, 7, 8, or 9, have you included the additional materials requested

6. Have you signed and dated Section 5 A (and 5 B, if you are required to complete that section)?

7. Have you included a check or money order payable to PELSB?
   a. Initial application and fingerprint card processing fee: $89.00 (fingerprint card required)
   b. Additional license application: $57.00 (does not need a fingerprint card)

8. Have you obtained a fingerprint card and included it in the package? Be sure NOT to fold or bend the card.
   a. To request a fingerprint card, please email PELSB staff at pelsb@state.mn.us. In the email include your name, licensure application type, and current mailing address. The subject line of the email should be “fingerprint card request.”