

Submit a completed application and required items in ONE envelope to:

Educator Licensing
 1500 Highway 36 West
 Roseville, MN 55113

- o Partial or incomplete application packets will be returned to the applicant for completion and resubmission.
- o See pages 8-9 for instructions and page 10 for a checklist to ensure submission of a complete packet.
- o A completed packet **MUST** include the below:
 - o A completed and signed Conduct Review Statement
 - o A check or money order for \$57.00 payable to "Commissioner of MDE". This is a nonrefundable processing fee.

If you have questions, call 651-582-8691 or go to the [Minnesota Department of Education website](http://education.state.mn.us) (http://education.state.mn.us).

Copies or Electronic signatures are NOT accepted. All signatures must be original.

Sections 1 and 2: APPLICANT INFORMATION

FILE FOLDER NUMBER enter your file folder number		FOR STATE USE ONLY REGISTER NUMBER	
Last Name*		First Name	
Middle Name		Previous Name	
<input type="checkbox"/> *Name Change: Check this box and complete the steps indicated on the Name Change Authorization form provided on page 7 of this application for any name changes that have occurred since your last license was issued.			
Mailing address:		Daytime Telephone Number:	
City, state, zip code:			
Email address (required - important information regarding your license will be sent to this address)			
Social Security Number (It is not mandatory to provide your Social Security Number. Failure to do so may result in misidentification but will not result in the denial of a license.)			
Birthday (mm/dd/yyyy)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I have been fully licensed in a state other than Minnesota. (Attach a photocopy of each license.)			

Section 3: APPLICATION TYPE

<p>Check all that apply:</p> <p><input type="checkbox"/> Addition of a new field to a valid professional license</p> <p><input type="checkbox"/> Addition of a new field to a valid professional license AND renewal of current license. Attach any additional documents as indicated in the renewal condition printed on your license. OR</p> <p><input type="checkbox"/> Check here if your clock hours have been reported electronically by your district's continuing education committee.</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Teaching – Enter field(s):</p> <p><input type="checkbox"/> Administrative – Enter field(s):</p> <p><input type="checkbox"/> Related Services Personnel – Enter field(s):</p>
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File Folder Number		Name (Last, First Middle)	
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Section 4: EDUCATIONAL BACKGROUND for new field only

To be completed for all applications.
Use the codes at the right.

2 = Bachelor 4 = Master
3 = 5-Year Program 5 = Specialist 6 = Doctorate

College or University	Located at (city & state)	Degree Code	Year of Degree	For state use only College Code

Section 5: VERIFICATION OF PROGRAM COMPLETION

THIS SECTION TO BE COMPLETED BY THE STATE-APPROVED LICENSURE PROGRAM CERTIFICATION OFFICER – electronic signature is NOT accepted, please print and sign this form

The completed program is (check all that apply):

- a regionally accredited program a state-approved program
 an alternative preparation program Includes embedded multicultural & human relations program

Student teaching/Practicum/Internship experience (If recommendation is for special education, include specific categories, ages/grades and severity – mild-moderate-severe – of students taught. License issuance may be delayed without this information.)

School/District	Subject/Licensure Field(s)	Grade Level(s)	Date Ranges

RECOMMENDATION FOR LICENSURE

Subject/Licensure Field(s)	Grade Level(s)	Date Program Completed

Signature of Certification Officer or Registrar

Copies and Electronic Signatures NOT accepted, only original signature accepted.

date

Printed Name of Certification Officer or Registrar		Telephone	
Email Address			
Name of Institution		Mailing Address (street, city, state, zip)	

File Folder Number		Name (Last, First Middle)	
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Section 6: 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.

Please **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.

School/Place of Employment Where Teaching Experience was Earned	State	Dates of Service		If not Full-time, Indicate % of Full-Time	Grade & Subjects Taught
		From	To		

I confirm that this information is correct.

Signature of Authorized Official

Date

Copies and Electronic Signatures NOT accepted, only original signature accepted.

Printed Name of Authorized Official		Title	
Email Address		Telephone	
Name of School District/Employer			
Mailing Address (street, city, state, zip)			

CONDUCT REVIEW STATEMENT

(Required for ALL Applications)

IDENTIFICATION INFORMATION

Applicant Full Name (Last, First Middle)			
Previous Full Name (Last, First Middle)			
File Folder Number		Social Security Number	
Date of Birth (mm/dd/yyyy)		FOR STATE USE ONLY	
<i>It is not mandatory to provide your Social Security Number. Failure to do so may result in misidentification but will not result in the denial of a license.</i>			

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 page 6 or other sheets of paper. You must answer **ALL** questions completely and provide **ALL** requested information. (If this is **not** your first application for a Minnesota education license, your answers on this conduct review statement apply **only to the period since your last application**. If you answered yes to any of these questions on previous application and supplied supplemental information, it is not necessary to do so again.)

For purposes of this question, the term "crime" includes a misdemeanor, a gross misdemeanor, a felony or a charge that resulted in a stay of imposition of sentence. (DWI's and DUI's are included in this definition and should be disclosed.) (DO NOT INCLUDE PETTY MISDEMEANORS.) The term "conviction" includes a finding of guilty by a jury or judge, an admission of guilt or plea of guilt, or any "no contest" or Alford plea (a plea without an admission of guilt). You are considered convicted whether the sentence is stayed or executed.

1. Since your last licensure application, have you been convicted of a crime?
 YES – If you answered "yes," you must complete the Supplemental Information form [page six (6) of this application] for each conviction, and attach it to this page.
 NO
2. Have you ever been referred to a pre-trial diversion program after being arrested?
 YES – If you answered "yes," you must attach material explaining the action, location(s), date(s), and the agency involved.
 NO
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 – If you answered "yes," you must attach material explaining the offense, date, location, and the law enforcement agency involved.
 NO
4. Are any criminal charges currently pending against you in Minnesota or any other state?
 YES – If you answered "yes," you must attach page 6, Supplemental Information form.
 NO

File Folder Number		Name (Last, First Middle)	
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CONDUCT REVIEW STATEMENT continued

5. Have you ever had an education or other occupational license revoked, suspended, or denied in Minnesota or any other state?

YES – If you answered “yes,” you must attach material explaining the type of license, the date action was taken, and the agency involved.

NO

6. Have you ever voluntarily surrendered an education or other occupational license?

YES – If you answered “yes,” you must attach material explaining the action, location, date, and the agency involved.

NO

7. Is disciplinary action against your teaching, administrative, or other occupational license currently pending in another state?

YES – If you answered “yes,” you must attach material explaining the action or charges, location, date, and the agency involved.

NO

8. Have you ever resigned from or otherwise left any employment after allegations of misconduct were made against you or when an investigation into those allegations was pending?

YES – If you answered “yes,” you must attach material explaining the action or charges, location, date, and employer involved.

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?

YES – If you answered “yes,” you must attach material explaining the situation including the date and location of the school district.

NO

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 TEACHING OR SCHOOL ADMINISTRATIVE LICENSE.

CERTIFICATION OF INFORMATION

I certify that all information contained on and submitted with this application is, to the best of my knowledge, true and accurate. I understand that misrepresentation of facts or falsification of statements or accompanying documents may result in denial of licensure and could affect the status of my other teaching or school administrative licenses.

Signature of Applicant
Copied or Electronic signature not accepted

Date

Complete the next page ONLY if you answered “YES” to questions 1 or 4.

APPLICANT CONVICTION/ OUTSTANDING CHARGE INFORMATION

Complete this page 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 Board of Teaching.

File Folder Number	Printed Name	Date of birth
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Signature of Applicant Copied or Electronic signature not accepted	date
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Endorsement Application Name Change Authorization Form

You are submitting this form as part of the endorsement process. Do not use this form if you are not adding a license to your existing Minnesota license. By signing this document you are agreeing to this statement:

“I hereby authorize Educator Licensing to change my name on my license record as provided by the enclosed supporting documentation and this completed form.”

Directions: Provide information for each area below.

File Folder Number	Date	
Former Last Name	New Last Name	
Former First Name	New First Name	
Former Middle	New Middle	
Birth Date	Phone Number	
Mailing Address		
City	State	Zip Code
Email Address (required – this is how Licensing will communicate with you)		

Required Verification* (please circle the reason for your name change)

Marriage	Send a copy of the marriage certificate. If you are unable to provide a copy of the marriage certificate, provide a copy of your driver’s license or state ID card containing your correct legal name. DO NOT mail the original document, only a copy.
Divorce	Send a copy of the divorce decree stating the name change. DO NOT mail the original document, only a copy.
Official name change by court decree	Send a copy of the court decree of the name change. DO NOT mail the original document, only a copy.

Complete, sign, and date this form and return it with the required verification documents to:
Educator Licensing, 1500 Highway 36 West, Roseville, MN 55113.

The above information is true and correct to the best of my knowledge.

Signature	Date
Copied or Electronic signatures not accepted	

MINNESOTA DEPARTMENT OF EDUCATION (MDE)

Educator Licensing

1500 Highway 36 West

Roseville, MN 55113-4266

651-582-8691

FAX 651-582-8809

[MDE Educator Licensing Webpage](http://education.state.mn.us/MDE/EdExc/Licen/index.html) (<http://education.state.mn.us/MDE/EdExc/Licen/index.html>)

Send emails to [Educator Licensing](mailto:mde.educator-licensing@state.mn.us) at mde.educator-licensing@state.mn.us

Application for an Addition to a Minnesota Education License Information

Adding a Teacher License

Minnesota requires compliance with degree requirements and completion of a state approved teacher education preparation program.

If you have completed a Minnesota State approved college or university teacher or administrative licensure program you need to forward the completed application form to that college or university for recommendation by the certification officer/registrar in section 5 of the application form.

If you have completed a state approved alternative teacher licensure program outside of Minnesota you need to forward the completed application to that program's administrator for recommendation by the authorized official administrator in section 5.

If you have completed multiple state approved preparation programs you need to forward an application form to EACH preparing site for recommendation and signature. If the applications are simultaneously submitted in one envelope, only one processing fee is required.

Adding an Administration License

Minnesota requires compliance with degree requirements and completion of a state approved administrative preparation program.

For administrative licensure fields you need to provide verification in section 6 of employment in a position for which you held valid licensure to teach: three years for **initial superintendent, principal and director of special education licensure**.

Local Vocational Program Director licensure requires 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 spent in teaching or in 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.

Adding a Related Service Licensure

Related Services Personnel: Related services personnel include school counselors, school nurses, school psychologists, school social workers, and speech-language pathologists. Preparation for licensure in these fields satisfies Minnesota's human relations requirement. Related services personnel are not subject to Minnesota testing requirements.

Applicants Completing a Licensure Program Outside of Minnesota

Minnesota does not have licensure reciprocity with any other state. A Minnesota license is based on the completion of a state-approved preparation program. A license can be granted only in licensure fields for which Minnesota has established rules.

Teacher preparation outside of Minnesota must be essentially equivalent in content to approved programs offered by Minnesota institutions. If the preparation is essentially equivalent but is more limited in authorization and/or age/grade range, an applicant may be granted a nonrenewable restricted license for the purpose of providing the licensee time to complete the preparation necessary to meet Minnesota authorization and/or age/grade range requirements. Include a

copy of the preparation program requirements and course descriptions. Section 5 must be completed and signed by the appropriate certification officer/registrar.

Minnesota Teacher Licensure Examinations (MTLE)

Beginning in September 2010, the Minnesota Teacher Licensure Examinations (MTLE) will be the sole means of assessing the basic skills, pedagogical, and content-area knowledge of Minnesota K-12 teacher candidates. All candidates for initial license will be required to pass the MTLE basic skills test as well as pedagogy and content-area tests. If you are already licensed and adding another license, you only have to take the content knowledge test in the new licensure field. Questions regarding MTLE tests can be answered by the document Minnesota Teacher Licensure Testing Information on the [Educator Licensing webpage](http://education.state.mn.us/MDE/EdExc/Licen/AppOutStateCountry/index.html) (<http://education.state.mn.us/MDE/EdExc/Licen/AppOutStateCountry/index.html>)

[The MTLE Website contains information including registration information, test frameworks, and study guides.](#)

Additional Information

When adding a new field to a professional license, the licensee may also renew the other license field(s) up to one year early on the same processing fee if the applicant has met the renewal requirements. To do so, check the appropriate box(s) in section 2 of the application. Additional licensure information is available at [MDE Educator Licensing Webpage](http://education.state.mn.us) (<http://education.state.mn.us>). Teacher retirement information is available from the [Minnesota Teacher Retirement Association](https://www.minnesotatra.org/) (<https://www.minnesotatra.org/>) at 651-296-2409.

PRIVACY STATEMENT

The data you furnish on and with the application for a Minnesota Education License will be used by the Minnesota Department of Education and the Minnesota Board of Teaching (licensing authority) to assess the applicant's qualifications for licensure. You are not legally required to provide this data; however, if you fail to do so, the agencies may be unable to process the license application for which the data is required. Until licensure is granted, the information in the application is private data, accessible only to you, the Minnesota Department of Education and the Minnesota Board of Teaching, its agents, and/or agents of the Attorney General's Office representing the Minnesota Department of Education and the Minnesota Board of Teaching. This file becomes public record if licensure is granted; your Social Security number and home address remain private, subject to disclosure requirements as follows:

Social Security Number Information - Pursuant to Minnesota Statutes 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Social Security number. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest. Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue; however, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

In conjunction with required data reporting from Minnesota public school districts, the licensing authority will only use private or confidential data for purposes of confirming unique identity. Persons having access to the data at the Minnesota Department of Education are only those working directly with licensing or the data reporting systems.

Complete Packet Submission Checklist

Minnesota operates on a single packet submission basis. A partial or incomplete submission (pages, signatures, transcripts, fees or other relevant information missing) 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 Educator Licensing. Original transcripts must be submitted in a college/university-sealed envelope. Do not request that items (transcripts, test score reports, etc.) be sent directly to Educator Licensing. To ensure the submission of a complete packet, review and follow the checklist items.

For ALL applications, please submit:

- A completed application for an addition to a Minnesota Education License form, include the conduct review statement pages (with required signatures and dates) and the Endorsement Name Change Authorization Form (if making a name change). Make sure the appropriate sections of the form have been completed and signed. For all applications, complete page 1.
- A check or money order for \$57.00 payable to "Commissioner of MDE" must accompany this application. All fees are nonrefundable.

In addition to the above items, please submit:

- Teachers and Administrative Licensure:** Section 5 (page 2) must be completed by the appropriate certification officer/registrar. An applicant who has taken the Minnesota-required examinations in another state and has achieved Minnesota's minimum passing scores should attach the entire original official score report; the original score report will be returned to the applicant.
- Administrative licensure:** Section 6 (page 3) must be completed to verify classroom teaching experience. Please include official transcripts in a **sealed envelope from the college or university** verifying all coursework related to your administrative licensure.

For Related Services Licensure:

- School Psychologist:** section 5 and 6 are not required, but you must submit official transcripts from all institutions in the college/university sealed envelope
- Speech-Language Pathologist:** section 5 and 6 are not required, but you must submit official transcripts from all institutions in the college/university sealed envelope
- School Nurse:** section 5 and 6 are not required, but you must submit official transcripts from all institutions in the college/university sealed envelope. Also include a copy of both current licensure as a Minnesota registered nurse and current registration as a Minnesota public health nurse
- School Social Worker:** section 5 and 6 are not required, but you must submit official transcripts from all institutions in the college/university sealed envelope. Also include a copy of the current wallet size Minnesota Board of Social Work license
- School Counselor:** Sections 5 and 6 are not required for school IF you completed a preparation program for school counseling accredited by the Council for the Accreditation of Counseling and Related Educational Personnel (CACREP). Sections 5 is required if the program completed was not CACREP accredited. You must also submit official transcripts from all institutions in the college/university sealed envelope.