

Occupation Practitioner Teacher Pathway 3 Candidate Recommendation Form

[Educator Licensure Rule 0520-02-03-.04](#) outlines the requirements for occupational licensure issuance under pathway 3. Under pathway 3, the prospective educator:

1. Has a minimum of five (5) years of relevant work experience, completed within the last ten (10) years, or three (3) years of relevant work experience, completed within the last five (5) years, in the area of endorsement or equivalent education attainment as defined by the Department;
2. Holds an active industry certification for the area of endorsement as defined by the Department, if applicable;
3. Provides proof of pairing with a highly effective mentor teacher; **and**
4. Has completed coursework in classroom management, pedagogy, serving students with disabilities and English learners, and the teacher code of ethics as set forth in T.C.A. § 49-5-5615, from a State Board-approved educator preparation provider.

The following form is required as part of the application for initial licensure under pathway 3.

Section 1. Applicant Information

Last Name:	First Name:	Middle Initial:
_____	_____	_____
Date of Birth: mm/dd/yyyy	Social Security Number: 999-99-9999	Primary Phone: (999) 999-9999
_____	_____	_____

Section 1: Pathway 3 coursework verification

Note to Recommending Agency: By signing below, you are indicating that the above stated individual has completed coursework in classroom management, pedagogy, serving students with disabilities and English learners, and the teacher code of ethics as set forth in § 49-5-5615, from a state board-approved educator preparation provider.

Educator Preparation Provider: (institution/organization)

Occupational Endorsement: <small>(name and number; i.e. Health Sciences 720)</small>	Grade Span(s):	Completion Date:
_____	_____	_____

Name and Title of Authorized EPP Official:	Email Address	Primary Phone:
_____	_____	_____

Signature of Authorized EPP Official:	Date:
_____	_____

Section 2: Pathway 3 Highly Effective Mentor Verification

Note to Recommending Agency: By signing below, you are indicating that the above stated individual is paired with a highly effective mentor teacher as outlined in [Educator Licensure Rule 0520-02-03-04](#). After completion of Section 1, this form should be sent to the authorizing LEA for completion and returned to the EPP prior to application for licensure.

LEA and School Name:

Mentor Teacher Name

Mentor Teacher TLN:

Endorsement(s) held:

Name and Title of Authorized LEA Official:

Email Address

Primary Phone:

Signature of Authorized LEA Official:

Date:

Note to EPP: Upon completion, please upload completed form to the *Attachments* section on the *Licensure* tab of the candidate's TNCompass account in support of the licensure transaction.