

Out-of-State Practitioner Teacher or School Services Personnel Candidate Recommendation Form

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 _____

Email Address: _____

Section 2. Out-of-State Practitioner Teacher or School Services Personnel Recommendation

Indicate License Type:
(pick one) _____ Practitioner Teacher _____ Practitioner School Services Personnel (**option 2 only**)

Select Option 1 or Option 2

<input type="checkbox"/> Option 1. Candidates enrolled in an out-of-state educator preparation program and completing a job-embedded clinical practice in Tennessee. Provide verification of enrollment in an approved out of state preparation program that has a department recognized partnership with a Tennessee school district. Note to Recommending Agency: By signing below, you are indicating that the above stated individual is enrolled in an educator preparation program approved in a state other than Tennessee (SBE Rule 0520-02-03). In addition, you certify that to the best of your knowledge the individual is at least 18 years of age and possesses good moral character (TCA § 49-5-101).		
Educator Preparation Provider: (institution/organization name)	State:	Regional Accrediting Agency:
_____	_____	_____
Preparation Program(s) Completed: <small>program title/specialty area/endorsement area (e.g., elementary, biology, general music)</small>	Program Grade Span(s):	Program Completion Date:
_____	_____	_____
Requested Tennessee Endorsement:	Undergraduate Major:	
_____	_____	
Partnering School District Name:	Name and Title of Authorized EPP Official:	Email Address:
_____	_____	_____

- The EPP has verified content knowledge through submission of qualifying scores on required specialty area assessments (see SBE Policy 5.105 for required assessments and passing scores), and
- The candidate has requested that the assessment administrator send the qualifying scores to the Tennessee Department of Education (SSN must be provided to assessment administrator).

Signature of Authorized EPP Official:

Date:

Primary Phone:

- Option 2. Candidates who completed an educator preparation program in a state other than Tennessee.** Provide verification of completion of all requirements for an educator preparation program approved for licensure in a state other than Tennessee.

Note to Recommending Agency: By signing below, you are indicating that the above stated individual has completed an educator preparation program approved in a state other than Tennessee (SBE Rule 0520-02-03). In addition, you certify that to the best of your knowledge the individual is at least 18 years of age and possesses good moral character (TCA § 49-5-101).

Educator Preparation Provider: (institution/organization)

State:

Regional Accrediting Agency:

Preparation Program(s) Completed:

program title/specialty area/endorsement area (e.g., elementary, biology, general music)

Program Grade Span(s):

Program Completion Date:

Name and Title of Authorized EPP Official:

Email Address

Primary Phone:

Signature of Authorized EPP Official:

Date:

Note to EPP: Upon completion, please return this form to the applicant for submission to the office of educator licensure and preparation.

Note to Applicant: Upon receipt, please upload completed form to the *Attachments* section on the *Licensure* tab of your www.TNCompass.org account.