

Educator Licensing & Teacher Quality 1500 Highway 36 West Roseville, MN 55113-4266

Print Name of Authorized Official

Signature of Authorized Official

APPLICATION FOR RENEWAL OF A MINNESOTA FULL PROFESSIONAL EDUCATION LICENSE

Title

Telephone Number

Date

ED-02350-05

Laucation	Koseville, Mil	33113-4200		EDU	CATIO	N LIC	LITT	3 E	
1. FILE FOLDER NUMBE	ER G	ENERAL INFORM	ATION A	AND INSTI	RUCTIONS	S: Rene	wal	FOR ST	TATE USE ONLY
Education License, enter the			net even if license is not currently being used.						
								REGIS	STER NUMBER
number below.			on. Send the completed application to the address questions, call 651-582-8691 or go to the WEB						
		tp://education.state.m			C				
	<u>C</u>	oclude your <u>check</u> OMMISSIONER OF NOT refundable. (MDE."	This is a PR	COCESSING	G FEE an	ıd it		
		tached.)							
are you applying for a license a	s a SHORT (CALL SUBSTITUTE	E TEACH	IER (valid	for 15 conse	cutive da	ys or	less in the sam	ne classroom)?
☐ NO. Complete section	ns 1, 2, and 3	3 (and 4 if appropri	ate).	☐ YE	S. Compl	ete only	secti	ons 1 and 2.	
A co	ompleted Con	nduct Review Statem	ent must	accompan	y every app	lication f	for re	newal.	
2.		APPLIC	ANT	NFOR	MATIO	N			
It is not mandatory to provide you	ur Social Securi						tresult	in denial of a lie	cense.
Last Name	First Name				dle Name Prev			ne	
Social Security Number M		Month/Day/Year of	Birth	Gender				Daytime Telephone Number	
		l l] M [] F	() -	-
Home Address: Street			City				State	Zip (Code
3. LOCAL CON	TINUIN	G EDUCATION	N / R E - I	LICENS	URE CO) M M I '	тте	E VERIF	ICATION
- Reading prepara issued by the Bo audiovisual dire	following are behavior inter g, modifying, ation as define pard of Teach ectors and cook	as:	a, materia 2A.06 Su unselors, s	lls, and strat bd.4 (This a chool psych	egies related requirement nologists, sc	d to meet	ing gr o <u>all</u> f	aduation stand	dards al licenses
Signature of Chairperson, Minnesota Local Continuing Education Committee Date									
School District Name							S	Six Digit Distric	t Number
Check here if clock hours have been reported electronically. (The chairperson's signature is not needed.)									
		P		Т					
4. EMPLOYM	MENT VE	RIFICATION	FOR	ADMINI	STRAT	IVE L	I C E	NSE REN	NEWAL
For <u>administrative licensure</u> of hours) of experience as an ad					ise, please v	erify one	full y	vear (175 full o	lays or 1050
Name of Calcal District William Free Land				Dates of Service			m	Position	Constant 1
Name of School District Where Employed		<u>State</u>	From:	То:		<u>Position</u>		Grade Levels	
I ver	ify that the an	plicant has successful	lv admini	stered in the	e above scho	ool distric	et as ir	ndicated	
1 101	, up	r same saccessial	,						

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A Minnesota license states the area(s) of licensure, grade levels and the renewal requirements. All licenses expire on **June 30** of the year of expiration. Applications for renewal are accepted after January 1 of the year of expiration. Applicants are advised to renew early, as the processing time in the summer/fall months can be 12 to 14 weeks. Enter your file folder number in section 1 and complete section 2. Submit the required documentation to meet the renewal requirement(s) stated on your current license.

Renewal of a Two-Year Administrative License: Continuing education clock hours are not required to renew a two-year Minnesota administrative license. Verification in section 4 of the application form of one year of experience as an administrator in the licensed administrative field while holding a <u>valid two-year Minnesota administrative license</u> is needed to move to a five-year license. The experience may be accumulated over several two-year licenses and may be experience earned outside of Minnesota. If one year of experience has not been earned, another two-year entrance license will be issued.

Renewal of a Five-Year Administrative License: With the completed renewal application form, submit the certificates for 125 clock hours of participation in state pre-approved administrative continuing education activities, or submit official transcripts for coursework; one quarter credit equals 16 clock hours and one semester credit equals 24 clock hours. If also renewing teaching fields, the signature of the local continuing education/re-licensure committee chairperson is required in section 3.

Renewal of a One-Year, Two-Year, or Three-Year Teaching or Related Services Professional License: Upon successful completion of the renewal requirement(s) stated on the applicant's license, the next license issued will be a five-year professional license. Submit the required documentation to meet the renewal requirement(s) stated on your current license. If required, original transcripts must be submitted in the un-opened college/university-sealed envelope. The original Praxis score report must be submitted when Praxis examination is stated in the renewal requirements of the current license.

Renewal of a Five-Year Teaching or Related Services Professional License: Teachers and related services personnel are under the jurisdiction of local continuing education/re-licensure committee guidelines for license renewal. Licensees are advised to affiliate with a Minnesota continuing education/re-licensure committee as soon as the first five-year license is issued. The licensee should affiliate with the committee in the district of employment, or, if this is not an option, the Minnesota district of current residence or of most recent employment in a licensed position. The applicant is responsible for clock hours even if the applicant has not taught in Minnesota during the life of the license or is living outside of the state.

Clock hours are hours of actual participation in planned professional development. Clock hours are granted by local continuing education/re-licensure committees for experiences that result in maintenance and improvement of professional skills and abilities.

Submit documentation of 125 continuing education clock hours earned during the immediately preceding five-year period to your Minnesota local continuing education/re-licensure committee for approval and verification signature in section 3 of the application form. Persons licensed in two or more areas should earn at least 30 clock hours (of the 125 total clock hours) for each of the licensure areas in which they are currently teaching. Clock hours earned and granted during the five-year period may be transferred from one district to another.

There is no penalty if your license has expired. However, all individuals who substitute teach or have a licensed position in a Minnesota elementary or secondary public school **must** hold a valid **Minnesota** teaching license.

Options for the Renewal of a Lapsed Five-Year Teaching or Related Services Professional License:

- a five-year short call substitute license, valid for no more than 15 consecutive days in a single classroom assignment.
- completion of 125 clock hours earned during the five-year period immediately preceding the application, as verified by a local Minnesota local continuing education/re-licensure committee.
- if not employed by a Minnesota school district within the past year, submit official transcript(s) verifying completion of college credits related to the teaching field earned in the five-year period immediately preceding the application; one quarter credit equals 16 clock hours and one semester credit equals 24 clock hours.
- an extension for the balance of the school year may be issued upon evidence that the applicant has been offered a position in Minnesota contingent upon holding a valid license. At the end of the extended licensure period, the applicant must meet renewal requirements for the continuing license.

Teaching License Based on a Minor: Secondary school teachers who have been issued a license based on a teaching minor are authorized to teach half-time or less of their academic teaching load in the minor field for a period of **seven** years from the date of issuance. Please consult with a college/university and plan a program that will prepare you for full licensure in the field. Once the preparation for full licensure has been completed, you must be recommended for full licensure by the college/university through which you completed the approved program.

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IDENTIFICATION INFORMATION						
Applicant Full Name (Last, First, Middle)			Previous Full Name			
File Folder Number	Social Security Number		Date of Birth (mm/dd/yy)	FOR STATE USE ONLY		

File Folder Number	Social Security Num	nber	Date of Birth (mm/dd/yy)	FOR STATE USE ONLY	
				•	
	CONDUCT	REVIEW S	STATEMENT		
	ckmark in the appropriate boxes be the lelayed. If you are submitting additionally additionally are submitting additionally are submitted.			it cannot be scanned properly and five (5) or other sheets of paper.	
apply only to the period s				ers on this conduct review statement on previous applications and supplied	
1. Have you ever been con	nvicted of a crime?				
imposition of sentence. MISDEMEANORS.)	. (DWI's and DUI's are include The term "conviction" includes a	ed in this definit finding of guilty	tion and should be disclose by a jury or judge, an admis	y or a charge that resulted in a stay of ed.) (DO NOT INCLUDE PETTY ssion of guilt or plea of guilty, or any d whether the sentence is stayed or	
YES -If you answered "yes," you must complete the Supplemental Information page [page five (5) of this application form] for each conviction, and attach it to this page.					
□ NO					
2. Have you ever been ref	ferred to a pre-trial diversion progra	am after being ar	rested?		
YES -If you a	answered "yes," you must attach ma	aterial explaining	g the action, location(s), date	e(s), and the agency involved.	
□ NO					
3. Have you ever been ad involving violence?	equitted or found not guilty of a c	criminal offense	involving sexual conduct, h	nomicide, assault, or any other crime	
YES -If you a involve		material explain	ing the offense, date, locati	on, and the law enforcement agency	
□ NO					
4. Are any criminal charg	ges currently pending against you in	ı Minnesota or aı	ny other state?		
YES -If you a	answered "yes," you must complete	e and attach page	e six (6) of this form, the Sup	pplemental Information form.	
□ NO					
5. Have you ever had an e	education or other occupational lice	ense revoked, sus	spended, or denied in Minnes	sota or in any other state?	
YES -If you a involve		naterial explainir	ng the type of license, the d	ate action was taken, and the agency	
□ NO					
6. Have you ever voluntar	rily surrendered an education or oth	ner occupational	license?		
YES -If you a	answered "yes," you must attach ma	aterial explaining	g the action, location, date, a	nd the agency involved.	
□ NO					

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CONDUCT REVIEW STATEM	ENT (CONTINUED)
7. Is disciplinary action against your teaching, administrative, or other occupati	onal license currently pending in another state?
YES - If you answered "yes," you must attach material explaining	the action or charges, location, date, and agency involved.
□ NO	
8. Have you ever resigned from or otherwise left any employment after a investigation into those allegations was pending?	llegations of misconduct were made against you or when an
YES -If you answered "yes," you must attach material explaining	the action or charges, location, date, and employer involved.
□ NO	
Have you or a school district in which you were employed ever been a painvolved an allegation that involved <u>your</u> sexual conduct?	arty to a civil settlement, award or agreement of any kind that
YES -If you answered "yes," you must attach material explaining t	he situation including date and location of the school district.
□ NO	
WARNING: FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS THE INFORMATION REQUESTED COULD LEAD TO DENIAL OR DISC TEACHING OR SCHOOL ADMINISTRATIVE LICENSE.	
CERTIFICATION OF IN	FORMATION
I certify that all information contained on and submitted with this application is that misrepresentation of facts or falsification of statements or accompanying do status of my other teaching or school administrative licenses.	
Signature of Applicant	Date

Complete the next page

only if you answered "yes"

to question 1 or 4.

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CONDUCT REVIEW STATEMENT (CONTINUED)

Complete this page only if you answered "yes" to question 1 or 4 on page three (3) of this form.

APPLICANT CONVICTION/OUTSTANDING CHARGE INFORMATION					
PLEASE COMPLETE A SEPARATE FORM FOR EACH CONVICTION OR OUTSTANDING CHARGE. YOU MAY PHOTOCOPY THIS FORM.					
1. Convicted or currently charged with:					
 Level of offense (check one):					
4. Name of arresting agency (police, county sheriff, etc.):					
5. Court Jurisdiction (i.e., Hennepin County District Court, Mpls., MN):					
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:					
Name	Talanhana Namahan				
9. Details of the incident:	Telephone Number				
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.					
Printed Name	Date of Birth				
Signature	Date				