

Tennessee Department of Education Operating Procedures

Experience Requirements for Licensure Advancement and Experience Verification Form

To advance from an initial license (transitional, apprentice, practitioner) to the professional license, teachers and school service personnel must demonstrate 3 years of experience working in an appropriate pre-K-12 instructional setting. The table below identifies the options for meeting the experience requirements.

License Type to Advance	
Teacher	School Service Personnel
<ul style="list-style-type: none"> Classroom teacher or instructional leader experience qualifies for the advancement of a classroom teacher license Experience did not have to occur during validity period of the license Must have 10 months of qualifying experience within the last 10 years 	<ul style="list-style-type: none"> School service personnel or instructional leader experience qualifies for the advancement of a school service personnel license Experience did not have to occur during validity period of the license Must have 10 months of qualifying experience within the last 10 years

Three Years of Experience: To meet the criteria for advancement, the educator must present documentation of three years of education work experience. The burden of proof rests with the educator. In total, the experience must be no less than twenty-five months of **full-time** work. An educator must have held a valid license during the period when the experience was accrued. Substitute experience cannot be used for license advancement.

Candidates who successfully complete a full school year internship clinical practice and hold a practitioner license shall receive credit for a year of teaching experience. These candidates must submit an experience verification form signed by both their educator preparation provider (EPP) **and** the school system in which they completed their internship.

Out-of-State Experience: To receive credit for education work experience outside of Tennessee, the educator must have held a valid license while teaching in the state or country where the experience was accrued. Other types of experience may be used for the purposes of salary ratings. For example, a local education agency may elect to give an engineer credit for the years spent working in that field prior to becoming a teacher. However, that type of work experience is not counted for purpose of advancing to a professional license.

Acceptable Experience: Experience that may be counted for the purpose of licensure advancement:

1. Verified experience in a pre-K-12 public school operated by a local education agency in the United States or United States Territories
2. Verified experience in pre-K-12 public or non-public schools approved by recognized accrediting agencies; accrediting or approval agencies are the State Departments of Education and/or any accreditation division of AdvancED:
 - North Central Association Commission on Accreditation and School Improvement (NCA CASI)
 - Northwest Accreditation Commission (NWAC)
 - Southern Association of Colleges and Schools Council on Accreditation and School Improvement (SACS CASI)
 - Middle States Association of Colleges and Schools (MSA)
 - New England Association of Schools and Colleges (NEASC)
 - Western Association of Schools and Colleges (WASC)
 - any accrediting association recognized by the National Association of Independent Schools (NAIS) Commission on Accreditation (e.g., the Southern Association of Independent Schools (SAIS) or the National Council for Private School Accreditation (NCPSA) according to the procedures and criteria established by the association)
3. Verified experience in preschool-12 public or non-public schools approved by the Tennessee Department of Human Services or the Tennessee Department of Corrections may be used only if the position the educator is serving in at the point of licensure advancement requires that they hold a valid Tennessee educator license.
4. Verified experience in pre-K-12 schools or any combination thereof operated by the United States government either within or outside the United States
5. Verified experience in an international public or private school (pre-K-12) approved or authorized by a foreign ministry of education (or equivalent entity)
6. Verified experience in a [Tennessee Non-Public Category I, II, or III school](#).

Tennessee Department of Education – Office of Educator Licensure Experience Verification Form

The information listed below is to be completed by the current or previous employer (**Superintendent, Headmaster, Agency Director, or Designated Personnel Officer**). Principals are not authorized to sign this form unless they are the designated personnel officer.

Upon completion, this form **must** be returned to the educator. **The educator must upload the completed form in www.TNCompass.org to the Attachments section on the Licensure tab of their educator profile. This form will **not** be accepted via mail or email.**

Educator Name: _____ Social Security Number: _____

Information below to be completed by the SCHOOL SYSTEM where the teaching was performed.

Use one line for each change in status. Do not include leave of absence periods. Only include experience that is **not** in the Tennessee state data system.

Experience Record: Please list experience yearly, each year on a separate line, beginning with July 1 and ending June 30.

Name of School	School System	Position and Grade Level	State	Fiscal Year July 01 - June 30		Time Employed		% Time (e.g., part-time, full-time)	Total Days in School Year
				Beginning Date Month/Day/Year	Ending Date Month/Day/Year	Months / Days Per Year			

Check one of the following:

- Public School
 Private School*
 Charter School*
 U.S. Government Service Teaching Program *

*Please note: If non-public school you must identify accreditation.

The above school/school system was fully approved or accredited by _____ at the time the service was performed.
(State Department of Education, Regional Association of Colleges & Schools, or recognized private school accrediting association)

To be signed by an authorized official from the agency/institution above:

I hereby certify that the above listed experience is a true and correct copy of the records on file for the educator named above.

Signature _____ Title _____ Phone Number _____

Address: _____
Street City State Zip Code

Email Address _____ Date _____

If recording internship clinical practice experience, an authorized official from the educator preparation provider (EPP) that the applicant attended:

I hereby certify that the above listed experience is a true and correct copy of the records on file for the educator named above.

Signature: _____ Title: _____

Contact Email: _____ Phone Number: _____

EPP Name _____ Date: _____