

Licensure Instructions

Mississippi Department of Education
Office of Educator Licensure
P.O. Box 771
Jackson, MS 39205-0771
601-359-3483

Please read directions carefully:

1. Complete and return the Licensure Checklist (*Form #OEL 09-06, Sec. A, pages 1-3*) and Licensure Application (*Form #OEL 09-06, Sec. B*) with all other required documents as a **single, complete packet** to address above. Incomplete packets will be returned to the applicant with no action taken. A complete packet includes Checklist and Application, plus all documents listed in the Checklist under your licensure category.
2. All transcripts from **all** institutions must be submitted in a sealed envelope(s) bearing the seal or signature of the registrar. **Do not ask the institution to mail your transcript to this office.** It should be mailed to you and may be stamped “student issued.” Do not open the sealed envelope!
3. Test scores must be submitted as **originals**. (Unofficial copies will not be accepted.) Even though you have asked the testing company to send your scores to this office, please include your original score report with your packet. Your scores will be returned to you.

Additional Information:

Mississippi Department of Education Webpage: <http://www.mde.k12.ms.us>

From this page you can access **Guidelines for Mississippi Educator Licensure K-12** which contains information on:

- License Renewal
- “Highly Qualified” Criteria
- Courses considered for supplemental endorsement
- Alternate Route Programs
- Driving directions to Office of Educator Licensure
- Praxis Tests
- Addresses and numbers for Mississippi colleges and universities

The Office of Educator Licensure Call Center: 601-359-3483

LICENSURE CHECKLIST

Applicant's Name _____ Date _____

All licensure requests may be completed with this Licensure Checklist. Find and check the category that applies to you. Then, mark the boxes under your category to indicate the documents you have enclosed with your application.

CATEGORIES

TRADITIONAL TEACHER EDUCATION ROUTES/APPROVED PROGRAM ROUTES

___ **Five-Year Teacher Education Route - Initial License** (Applies to a graduate of a teacher education program which included student teaching.)

- Licensure Application (Form #OEL 09-06, Sec.B)
- Transcript(s) (Sealed)
- Test Scores (Original)

___ **Approved Program Route** (Applies to a licensed teacher who wishes to upgrade the license with an advanced degree. This includes masters, specialist, and doctorate degrees.)

- Licensure Application (Form #OEL 09-06, Sec.B)
- Transcript of the advanced degree (Sealed)
- Institutional Verification of Program (Form #OEL 09-06, Sec.C – Required for Administrator Licenses.)

___ **Specific Five-Year Educator License** (Applies to Guidance and Counseling, Audiologist, Emotional Disability, Psychometrist, School Psychologist, Speech Pathologist*, Performing Arts**, and Child Development***)

- Licensure Application (Form #OEL 09-06, Sec.B)
- Transcript(s) (Sealed)
- Test Scores (Original)
- *Original ASHA Membership Card (ASHA Certified Speech Pathologists may omit submission of test scores.)
- **Validation of artistic competency (Required only for applicants for the Performing Arts License with a degree in a non-Fine Arts area.)
- ***Verification of Accreditation/Child Development (Form #OEL 09-06, Sec. E)

RECIPROCITY LICENSES

___ **Five-Year Reciprocity License** (Applies to applicants with a valid, clear and renewable out-of-state license.)

- Licensure Application (Form #OEL 09-06, Sec.B)
- Transcript(s) (Sealed)
- Original, valid, standard out-of-state teaching license (**Photocopies are not accepted.**)

___ **Two-Year Reciprocity License** (Applies to applicants with a valid credential that is less than a standard or provisional license from another state.)

- Licensure Application (Form #OEL 09-06, Sec.B)
- Transcript(s) (Sealed)
- Original, valid, out-of-state teaching license (**Photocopies are not accepted.**)

ALTERNATE ROUTE TEACHING LICENSES

___ **One-Year Alternate Route License** (*Applies to graduates of a non-teacher education program who have met the initial requirements of one of the following programs:*

- *Mississippi Alternate Path to Quality Teachers (MAPQT) OR*
- *Teach Mississippi Institute (TMI)*
- *American Board Certification (ABCTE)*

- Licensure Application (*Form #OEL 09-06, Sec.B*)
- Transcript(s) (Sealed)
- Test Scores (Original)
- Certificate of Completion from college/university
- Verification of Employment (*MAPQT or ABCTE Programs only*)

___ **Three-Year Alternate Route License** (*Applies to graduates of a non-teacher education program who have met the initial requirements of the Master of Arts in Teaching Program.*)

- Licensure Application (*Form #OEL 09-06, Sec.B*)
- Transcript(s) of **all** coursework (Sealed)
- Test Scores (Original)
- Institutional Program Verification (*Form #OEL 09-06, Sec.C*)

___ **Five-Year Alternate Route License** (*Applies to graduates of a non-teacher education program who have met all coursework and/or internship requirements of their alternate route program.*)

- Licensure Application (*Form #OEL 09-06, Sec.B*)
- Transcript(s) (*MAT program only*)
- Certificate of Completion (*MAPQT and TMI*)
or Institutional Program Verification (*MAT*) (*Form #OEL 09-06, Sec.C*)
- Mentorship/Induction Evaluation (*MAPQT or ABCTE Programs only*) (*Form# OEL 09-06, Sec.F*)
- Letter of Recommendation from School District (*TMI Program only*)

ADMINISTRATOR LICENSES

___ **Administrator License / Non-Practicing**

- Licensure Application (*Form #OEL 09-06, Sec.B*)
- Transcript (*sealed*)
- Institutional Program Verification documenting completion of an approved planned program in Educational Leadership/Supervision (*Form #OEL 09-06, Sec.C*)
- SLLA test scores (*original*)

___ **Administrator License / Entry Level** (*5-year non-renewable*)

- Licensure Application (*Form #OEL 02-04, Sec.B, Requested by Non-Practicing Administrators upon acceptance of employment as an administrator*)

___ **Administrator License / Career Level**

- Licensure Application (*Form #OEL 09-06, Sec.B*)
- Verification of School Executive Management Institute (SEMI) entry level requirements

___ **One-Year Alternate Route Assistant Administrator**

- Licensure Application (*Form #OEL 09-06, Sec.B*)
- Certificate of Completion of MAPQSL summer training
- Letter from school district verifying administrative internship

___ **Alternate Route Administrator License / Entry Level**

- Licensure Application
- Certificate of Completion from MAPQSL Nine Saturday Practicums
- Completed Mentorship form
- SLLA score report (original)

DUPLICATES

___ Requesting a Duplicate License

- Licensure Application (Form #OEL 09-06, Sec.B)
- \$5 Money Order payable to MDE Office of Educator Licensure (*No Personal checks accepted.*)

SUPPLEMENTAL ENDORSEMENTS

___ Supplemental Endorsements (*Only added to three-year and five-year licenses.*)

- Licensure Application (Form #OEL 09-06, Sec.B)
AND one of the following:
- Transcripts (*Sealed*) *In order to ensure accuracy and expedite your request, it is recommended that you submit new sealed transcripts of coursework in the specific endorsement area requested. Microfilmed records are sometimes unreliable.
OR
- Original Praxis II Test Score (*score report will be returned*)
OR
- Documentation of completion of MDE approved Competency-Based Training Program
OR
- Institutional Program Verification (Form #OEL 09-06, Sec.C) *Examples of endorsements requiring this form include Remedial Reading, Gifted, Computer Applications, Driver's Ed., English as a Second Language, Health, Special Ed., Physical Science, Vocational Guidance, Cooperative Ed., and Business and Computer Technology.
Sealed transcript showing approved program coursework should be included with IPV form

RENEWAL/REINSTATEMENT

___ Renewal of Five-Year License

- Licensure Application (Form #OEL 09-06, Sec.B)
AND
- Transcripts (*sealed*) **AND/OR**
- Original documentation showing completion of continuing education units (CEU's) in content or job/skill related area. (*Copies are not accepted*) **OR**
- Documentation showing completion of National Board for Professional Teaching Standards process. (*Documentation must be dated within the current renewal cycle.*) **OR**
- Original documentation showing completion of SEMI credits or completion of a specialist or doctoral degree in educational administration/leadership (*Applies only to Career Level Administrators*)

Please Note: All renewal coursework, CEU credits, National Board Documentation, or SEMI Credits must be dated within the current renewal cycle. For example, if the current validity dates are 7/1/2004 to 6/30/2009, coursework must be taken within those dates. Furthermore, if the current validity dates are in the future, renewal credits must be earned after the beginning validity date.

___ Reinstatement of Expired Five-Year License

- Licensure Application (Form #OEL 09-06, Sec.B) **AND**
- Transcript(s) (*sealed*), documenting required coursework for reinstatement **OR**
- Official document(s) verifying retirement from service in Mississippi public schools **OR**
- Original, valid, out-of-state educator license (**Photocopies are not accepted.**)

Licensure Application

(Must be **LEGIBLY** completed and submitted with all licensure requests.)

Applicant Information

Social Security Number: _____			
Name _____			
Last	First	Middle/Maiden	
Address: _____			
Street/P.O. Box			Apt.#
City		State	Zip
Phone Number _____	Birthdate _____	Gender _____	
Ethnicity: <i>(Ethnicity information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. Your cooperation in providing this information is appreciated.)</i>			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black—non-Hispanic
<input type="checkbox"/> White—non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other

Licensure Request

<p>Class of license for which you are applying: ___ A (Bachelor) ___ AA (Master) ___ AAA (Specialist) ___ AAAA (Doctorate) <i>* Note: Any license with a validity period less than 5 years is issued at the Class A level.</i></p> <p>Type of License (See <i>Licensure Checklist</i> for descriptive information.)</p> <table style="width: 100%;"> <tr> <td>___ Approved Program/Teacher Education Route</td> <td>___ Duplicate</td> </tr> <tr> <td>Subject Area (s): _____</td> <td>___ Reciprocity</td> </tr> <tr> <td>___ Alternate Route</td> <td>___ Renewal</td> </tr> <tr> <td>Subject Area (s): _____</td> <td>___ Reinstatement</td> </tr> <tr> <td>___ Supplemental Endorsement Subject Area(s) _____</td> <td></td> </tr> <tr> <td>___ Administrator License (Check level of license)</td> <td>___ Non-practicing ___ Entry ___ Career</td> </tr> <tr> <td>___ Local District Request (<i>Requested by Local District Only</i>)</td> <td>___ One Year License ___ Expert Citizen</td> </tr> </table>	___ Approved Program/Teacher Education Route	___ Duplicate	Subject Area (s): _____	___ Reciprocity	___ Alternate Route	___ Renewal	Subject Area (s): _____	___ Reinstatement	___ Supplemental Endorsement Subject Area(s) _____		___ Administrator License (Check level of license)	___ Non-practicing ___ Entry ___ Career	___ Local District Request (<i>Requested by Local District Only</i>)	___ One Year License ___ Expert Citizen	<p style="text-align: center;">Military Experience (Check, if applicable)</p> <p>___ Army</p> <p>___ USAF</p> <p>___ Navy</p> <p>___ USMC</p> <p>___ Reserve</p> <p>___ MSNG</p> <p>___ Coast Guard</p>
___ Approved Program/Teacher Education Route	___ Duplicate														
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___ Supplemental Endorsement Subject Area(s) _____															
___ Administrator License (Check level of license)	___ Non-practicing ___ Entry ___ Career														
___ Local District Request (<i>Requested by Local District Only</i>)	___ One Year License ___ Expert Citizen														

Character Determination

Check "yes" or "no" to the left of each question. **If yes, submit official copies of court record including disposition of case.*

___ yes ___ no	Are you currently addicted or currently dependent on alcohol?
___ yes ___ no	Are you currently addicted or currently dependent on other habit-forming drugs?
___ yes ___ no	Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?
___ yes ___ no	Have you been convicted, pled guilty, or entered a plea of <i>nolo contendere</i> to a felony as defined by federal or state law?*
___ yes ___ no	Have you been convicted, pled guilty, or entered a plea of <i>nolo contendere</i> to a sex offense as defined by federal or state law?*
___ yes ___ no	Have you had a certificate/license denied, suspended, and/or revoked by another state? Have you voluntarily surrendered a certificate/license?

**If you answered "yes" to any of the above, provide on a separate sheet of paper the specifics or an explanation for the response. If you elect not to provide specifics or if such an explanation is insufficient, a confidential investigation will be initiated.*

I acknowledge that securing or attempting to secure a license by fraud or deceit will result in denial of this application or suspension of the license.

Signature: _____ **Date** _____

INSTITUTIONAL PROGRAM VERIFICATION

To the Applicant:

Submit this form to the Dean of Education of the institution at which the program has been completed.

Institutional Program Verifications are not required for all licenses.

Institutional Program Verifications are required for the following:

- ◆ Administration
- ◆ Computer Applications
- ◆ Master of Arts in Teaching Program
- ◆ English as a Second Language
- ◆ Library Media *(only if planned program)*
- ◆ Vocational Guidance *(added to 436 only)*
- ◆ Occupational Child Care, Aging Services, Clothing, or Food Production Management *(Each of the above added to 321 or 322 only)*
- ◆ Health Education
- ◆ Physical Science
- ◆ Remedial Reading
- ◆ Severe Disability *(added to 221 only)*
- ◆ Business and Computer Technology *(added to 105 only)*
- ◆ Mild/Moderate Disability Program
- ◆ Gifted
- ◆ Cooperative Education
- ◆ Visually Impaired

To the Dean of the School of Education:

Please complete this form and **return to the applicant for inclusion in the application packet.**

INSTITUTIONAL PROGRAM VERIFICATION
(To be completed by the School of Education, if applicable.)

This is to certify that, to the best of my knowledge, the applicant, _____ has satisfactorily completed the requirements prescribed by the State Board of Education and the laws of the state of _____, has satisfied all course requirements, and demonstrates competence in the field(s) of _____ for which the application for licensure is being made.

Signature, Dean of Education or Certification Officer

College/University

Date

* * * * *

For OEL Office Use Only

(Applicant is not to write in this section.)

License Number: _____

Class	Type			Class	Type		
Endorsement				Endorsement			
Valid From:		To:		From:		To:	
By:		Date:		By:		Date:	

Comments: