One-Year Educator License for Veteran Teachers

Local District Request Application Packet

General Instructions

The One-Year Educator License for Veteran Teachers allows local school districts to request a one-year temporary license for a teacher who currently holds a valid standard five-year teaching license. The local school district, in collaboration with the educator, must complete and submit the individualized certification plan of action indicating how the teacher will earn a standard five-year teaching license in the requested area. The plan of action must be submitted as part of the local district request packet.

This license is to be requested only for an educator who holds a valid five-year standard teaching license and is teaching out-of-field. Evidence of progress towards completing the necessary requirements for adding the requested endorsement to a standard five-year teaching license, must be documented to renew this license.

A veteran teacher who holds a valid standard five-year teaching license but, does not have the needed subject area endorsement, must submit the required plan of action that may include:

- Eighteen (18) semester hours of acceptable coursework in the appropriate area; OR
- Praxis Subject Assessment if the requested licensure area can be added by earning current passing score on the appropriate assessment, OR
- Master's degree or higher in the requested subject area in addition to other requirements, if applicable, OR
- Completion of a State Board of Education approved program completed at a Mississippi Institution of Higher Learning.

The One-Year Educator License for Veteran Teachers (EC) request packet submitted to the Office of Educator Licensure must include the following documents:

- 1. Standard licensure application
- 2. Local District Request One-Year Educator License for Veteran Teachers Licensure Application
- 3. Local District Request Individualized Certification Plan (ICP) Form
- 4. Electronically submitted official transcript(s), all pages of original test score report(s), and/or other specified documents necessary for requested endorsement.

Note: It is not necessary to resubmit transcript(s) or test score report(s) that are already on file.

*Incomplete or faxed application packets will not be processed.

Applicant shall scan the completed packet as a PDF and upload to the Correspondence Queue of their Educator Licensure Management System (ELMS) Account: https://sso.mde.k12.ms.us/Login/Login.aspx

Official transcripts must be sent directly from the college or university and cannot be uploaded by the applicant.

Applicant Information (Print Legibly)

Applicant million mation (1 mil	(Legioly)			
Social Security Number:		Email Address		
Name				
Last		First		Middle/Maiden
Address:				
Street/P.O. Box				Apt.#
City			State	Zip
Phone Number	Birth date		Gender	
Ethnicity: (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.)				
American Indian	🗆 Alaskan Native	□ Asian		□ Black—non-Hispanic
□ White—non-Hispanic	□ Hispanic	□ Pacific Islander		□ Other

Licensure Request

Class of license for which you are applying: A (Bachelor) AA (Master) AAA (Special * Note: Any license with a validity period less than 5 years of		Military Experience (Check, if applicable)
Type of License (See Licensure Checklist for descriptive inform	nation.)	Army
Approved Program/Teacher Education Route Subject Area (s):	Duplicate Reciprocity Renewal Reinstatement	USAF Navy USMC Reserve MSNG Coast Guard
Administrator License (Check level of license)Nor Local District Request (<i>Requested by Local District On</i>		

Character Determination

Check "Yes" or "No" to each question.		
YesNo	1. Are you currently addicted or currently dependent on alcohol?	
YesNo	2. Are you currently addicted or currently dependent on other habit-forming drugs?	
YesNo	3. Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?	
YesNo	4. Have you been convicted or pled guilty to a felony as defined by federal or state law?**	
	(For the purpose of this question, a "guilty plea" includes a plea of guilty, entry of a plea of <i>nolo contendere</i> , or entry of an order granting pretrial or judicial diversion.)	
YesNo	5. Have you been convicted or pled guilty to a sex offense as defined by federal or state law?** (For the purpose of this question, a "guilty plea" includes a plea of guilty, entry of a plea of nolo contendere, or entry of an order granting pretrial or judicial diversion.)	
YesNo	6. Are you currently on probation or post-release supervision for a felony or sex offense conviction as defined by federal or state law?**	
YesNo	7. Have you had a certificate/license denied, suspended, and/or revoked by MS or 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.		
** If you answered "Yes" to any of the above, submit official copies of court record including disposition of case.		

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_____

LOCAL DISTRICT REQUEST One –Year Educator License for Veteran Teachers

1. Social Security	/#			
2. Name				
	Last	First	Middle	Maiden
3. License #			4. Degree(s)	
5. Years of teach	ing-related experies	nce		
6. License Reque				
Endorser	nent Code:	-	Area (Descriptiv	ve Title)
Endorser	ment Code:	-	Area (Descriptiv	ve Title)
 Special Educat A. Type 		ce, self-conta	ined, etc.)	
B. Level	of Instruction: Ele	ementary		Secondary
C. Level	l of Disability (mile	d/moderate, se	evere, etc.)	
8. Classes to be	e taught by individu	al filling this	position:	
	First Semester			Second Semester
Period 1				
Period 2				
Period 3				
Period 4		· · · · · · · · · · · · · · · · · · ·		
Period 5				
Period 6 Period 7				
renou /				
9. School Distric	et #		10. District Pho	one #
11. Name and Ad	dress of School Dis	strict		
12 Passons for th	vis request:			
12. ICasons for th	115 request			
SUPERINTEN	DENT'S SIGNED	STATEMEN	NT	
			ool district, verify th is license is request	nat there is not a fully licensed ted.
Action approved by the Board of Trustees of the School District: Date				
Superintendent's Signature: Date				

LOCAL DISTRICT REQUEST INDIVIDUALIZED CERTIFICATION PLAN (ICP)

	ICP CHECKLIST FOR PLAN OF ACTION				
			eted in collaboration with the superintendent/supervisor and candidate.		
	Place a check next to the item(s) below that indicates how the candidate will obtain a standard five-year license within the one were well divergence.				
Yes	within the one-year validity of the temporary Educator License. Yes No N/A				
165	NU	N/A	Educator will complete current testing requirements by earning a passing score		
			on the appropriate Praxis Subject Assessment(s)		
			(Only Select Licensure Areas Can Be Added By Test)		
			Educator will complete a minimum of eighteen (18) hours of undergraduate		
			and/or graduate level acceptable coursework with a grade of "C" or higher,		
			from an institution of higher learning that was regionally/nationally accredited		
			at the time the acceptable coursework was completed in order to obtain an add-		
			on endorsement in the appropriate area of licensure		
			Educator will enroll in and complete a State Approved, CAEP or NCATE		
			Approved Program at a Regionally/Nationally Accredited College/University		
			(Only Select Licensure Areas Can Be Added By Completion of an		
			Approved Program)		
			Educator will enroll in and complete a State Approved, CAEP or NCATE		
			Accredited Master's Degree Program at a Regionally/Nationally Accredited		
			College/University		
			Educator will enroll in and complete a State Approved, CAEP or NCATE		
			Accredited Educational Specialist or Doctorate Degree Program at a		
			Regionally/Nationally Accredited College/University		
			Special		
			Requirements:		
			1		

Signature of Superintendent/Supervisor

Signature of Educator

Educator Identification Number (ID)