

# 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.

**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 teaching-related experience \_\_\_\_\_
6. License Requested:  
    Endorsement Code: \_\_\_\_\_ Area (Descriptive Title) \_\_\_\_\_  
    Endorsement Code: \_\_\_\_\_ Area (Descriptive Title) \_\_\_\_\_
7. Special Education Request:  
    A. Type of Program (resource, self-contained, etc.) \_\_\_\_\_  
    B. Level of Instruction: Elementary \_\_\_\_\_ Secondary \_\_\_\_\_  
    C. Level of Disability (mild/moderate, severe, etc.) \_\_\_\_\_
8. Classes to be taught by individual filling this position:
- |          | First Semester | Second Semester |
|----------|----------------|-----------------|
| Period 1 | _____          | _____           |
| Period 2 | _____          | _____           |
| Period 3 | _____          | _____           |
| Period 4 | _____          | _____           |
| Period 5 | _____          | _____           |
| Period 6 | _____          | _____           |
| Period 7 | _____          | _____           |
9. School District # \_\_\_\_\_ 10. District Phone # \_\_\_\_\_
11. Name and Address of School District \_\_\_\_\_  
\_\_\_\_\_
12. Reasons for this request: \_\_\_\_\_

**SUPERINTENDENT’S SIGNED STATEMENT**

*I, as superintendent of the above named school district, verify that there is not a fully licensed applicant available for the position for which this license is requested.*

**Action approved by the Board of Trustees of the School District: Date** \_\_\_\_\_

**Superintendent’s Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

# LOCAL DISTRICT REQUEST INDIVIDUALIZED CERTIFICATION PLAN (ICP)

<b>ICP CHECKLIST FOR PLAN OF ACTION</b> <i>*This plan must be completed 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-year validity of the temporary Educator License.</i>			
<b>Yes</b>	<b>No</b>	<b>N/A</b>	
			Educator will complete current testing requirements by earning a passing score on the appropriate Praxis Subject Assessment(s) <b>(Only Select Licensure Areas Can Be Added By Test)</b>
			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 <b>(Only Select Licensure Areas Can Be Added By Completion of an Approved Program)</b>
			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:

\_\_\_\_\_  
Signature of Superintendent/Supervisor

\_\_\_\_\_  
Signature of Educator

\_\_\_\_\_  
Educator Identification Number (ID)