

LICENSURE INSTRUCTIONS

**Mississippi Department of Education
Office of Educator Licensure
(601) 359-3483**

Please read directions carefully:

1. ***All educators must apply for licensure requests online through the Mississippi Educator Career Continuum Archive (MECCA) system.*** Your educator management system/MECCA account will provide you with your Educator ID number and allow you to upload supporting documents for your application. When applying online, remember that supporting documents from the **Licensure Checklist** must be uploaded with your application to complete the licensure request.

A complete packet includes an Application, plus all documents listed under your licensure category from the Licensure checklist. Applications that are uploaded without supporting documents will be considered incomplete, and the educator will be sent “requirements” language via email, stating which documents are needed to further process the licensure request.

The Licensure Application, Licensure Checklist and all referenced forms in the License Checklist can be obtained by visiting <https://www.mdek12.org/OEL/Forms> unless otherwise specified.

2. All transcripts from **all** institutions must be submitted directly by the university or college electronically in a secure electronic format via National Student Clearinghouse, Parchment, or any other transcript exchange service provider. Electronic transcripts may be transmitted by the university or college to transcript@mdek12.org. This email address is used for the purpose of submitting official transcripts only. *Transcripts sent to this email address or uploaded to the educator management system by the applicant are not considered official for licensure purposes.*
3. All Praxis test takers who test in the state of Mississippi test score results are **automatically** reported to the MDE. To ensure successful retrieval of scores automatically reported to the MDE, please be sure to include your full and correct social security number. If you test out of state, please designate the MDE as a score recipient during the test registration process.

For additional information regarding educator licensure, please visit the Mississippi Department of Education, Office of Educator Licensure webpage:

<https://www.mdek12.org/OEL>

LICENSURE APPLICATION

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

APPLICANT INFORMATION

Social Security Number: _____		Email Address: _____	
Legal Name: _____		_____	
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
Address: _____		_____	
<i>Street/P.O. Box</i>		<i>Apt#</i>	
_____		_____	
<i>City</i>	<i>State</i>	<i>Zip</i>	
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
Military Experience <i>(Check, if applicable)</i>			
<input type="checkbox"/> Army	<input type="checkbox"/> USAF	<input type="checkbox"/> Navy	<input type="checkbox"/> USMC
<input type="checkbox"/> Reserve	<input type="checkbox"/> MSNG	<input type="checkbox"/> Coast Guard	

LICENSURE REQUEST

Class of license for which you are applying:			
<input type="checkbox"/> A (Bachelor) <input type="checkbox"/> AA (Master) <input type="checkbox"/> AAA (Specialist) <input type="checkbox"/> AAAA (Doctorate)			
<input type="checkbox"/> Check here if you are applying for a class upgrade at this time			
Type of License <i>(see <u>Licensure Checklist</u> for descriptive information)</i>			
<input type="checkbox"/> Approved Program/Teacher Education Route	Subject Area(s): _____		
<input type="checkbox"/> Alternate Route	Subject Area(s): _____		
<input type="checkbox"/> Supplemental Endorsement	Subject Area(s): _____		
<input type="checkbox"/> Administrator License (select license level)	<input type="checkbox"/> Non-Practicing	<input type="checkbox"/> Entry	<input type="checkbox"/> Career
<input type="checkbox"/> School Business Administrator (select)	<input type="checkbox"/> Three Year	<input type="checkbox"/> Five Year	
<input type="checkbox"/> District Superintendent License (select)	<input type="checkbox"/> Three Year	<input type="checkbox"/> Five Year	
<input type="checkbox"/> Duplicate	<input type="checkbox"/> Reciprocity	<input type="checkbox"/> Renewal/Reinstatement	<input type="checkbox"/> JROTC

This Section Must Be Completed by Applicants for Licensure in the Areas of Psychometry and/or School Psychologist Only:

The undersigned applicant for licensure in the area(s) of psychometrist and/or school psychologist hereby affirms that the aforementioned titles shall only be used when they are employed by or under contract with a school district and practicing in school or educational settings" (emphasis added). Explicitly, Mississippi Code Annotated § 73-31-27, paragraph two (2), states, "Individuals certified by the Mississippi State Department of Education may use appropriate titles such as "school psychologist," "certified school psychologist," "educational psychologist" or "psychometrist" only when they are employed by or under contract with a school district and practicing in school or educational settings" (emphasis added). Furthermore, your signature serves as confirmation of your understanding that your scope of practice as a psychometrist and/or school psychologist is limited to these settings when holding only a license granted and issued by the Mississippi Department of Education, which does not include work in a private practice type setting, by this statute.

Signature of Applicant: _____

CHARACTER DETERMINATION**Check "yes" or "no" to the left of each question**

- Yes No Are you currently addicted to or dependent on alcohol?
- Yes No Are you currently addicted to or dependent on 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 of, or pled guilty to, a felony as defined by federal or state law?*(For the purpose of this question, a "guilty plea" includes a please of guilty, entry of a plea of *nolo contendere*, or entry of any order granting pretrial or judicial diversion.)
- Yes No Have you been convicted of, 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 please of guilty, entry of a plea of *nolo contendere*, or entry of any order granting pretrial or judicial diversion.)
- Yes No Are you currently on probation or post-release supervision for a felony or sex offense as defined by federal or state law?*
- Yes No Have you had a certificate/license denied, suspended, and/or revoked by MS or another state or 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" submit official copies of court records including disposition of case.***

ACKNOWLEDGEMENT

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: _____