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.
Licenses Application

Applicant Information (Print Legibly)

Social Security Number: ___________________________  Email Address ___________________________

Name ___________________________________________ _______________________________ _________________

Last    First    Middle/Maiden

Address: ____________________________________________________________

Street/P.O. Box _______________________________________________________

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

Licenses Request

Class of license for which you are applying:

___A  (Bachelor)     ____AA  (Master)     ___AAA  (Specialist)     ____AAAA  (Doctorate)

* Note: Any license with a validity period less than 5 years is issued at the Class A level.

Type of License (See Licensure Checklist for descriptive information.)

___Approved Program/Teacher Education Route   ___Duplicate

Subject Area(s):__________________________________________________________

Reciprocity

___Alternate Route ___Reciprocity

___Renewal

Subject Area(s):__________________________________________________________

___Reinstatement

___Supplemental Endorsement Subject Area(s) ______________________________________

___Administrator License (Check level of license) ___Non-practicing ___Entry ___Career

Local District Request (Requested by Local District Only) ___One Year License

Military Experience

(Click, if applicable)

☐ Army
☐ USAF
☐ Navy
☐ USMC
☐ Reserve
☐ MSNG
☐ Coast Guard

Character Determination

Check “Yes” or “No” to each question.

___Yes___No  1. Are you currently addicted or currently dependent on alcohol?

___Yes___No  2. Are you currently addicted or currently dependent on other habit-forming drugs?

___Yes___No  3. Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?

___Yes___No  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 nolo contendere, or entry of an order granting pretrial or judicial diversion.)

___Yes___No  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.)

___Yes___No  6. Are you currently on probation or post-release supervision for a felony or sex offense conviction as defined by federal or state law??

___Yes___No  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 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 ________________
ICP CHECKLIST FOR PLAN OF ACTION

*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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educator will complete current testing requirements by earning a passing score on the appropriate Praxis Subject Assessment(s) <em>(Only Select Licensure Areas Can Be Added By Test)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educator will enroll in and complete a State Approved, CAEP or NCATE Approved Program at a Regionally/Nationally Accredited College/University <em>(Only Select Licensure Areas Can Be Added By Completion of an Approved Program)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educator will enroll in and complete a State Approved, CAEP or NCATE Accredited Master’s Degree Program at a Regionally/Nationally Accredited College/University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
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<tr>
<td>Special Requirements:</td>
<td></td>
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</tbody>
</table>

Signature of Superintendent/Supervisor

Signature of Educator

Educator Identification Number (ID)