

**SPECIAL, NON-RENEWABLE LICENSE LOCAL
DISTRICT REQUEST APPLICATION PACKET**

SPECIAL NON-RENEWABLE LICENSE FOR ADJUNCT TEACHERS

General Information and Guidelines

The special, non-renewable license for Adjunct Teachers is a one-year license that can only be requested by an employing local school district or an eligible nonpublic school in the state of Mississippi for up to three (3) years for a candidate who has not met all certification requirements under the Miss. Code Ann. § 37-3-2(6)(a), (b), and (c), at the time the application is submitted to the Office of Educator Licensure. This licensure option provides local school district officials with the ability to employ candidates who possess the potential to earn full educator certification while temporarily addressing the ongoing teacher shortage.

The special, non-renewable license for Adjunct Teachers can be requested for an individual who meets one of the following pre-conditions in addition to criteria outlined in the subsequent sections:

- a) Specific knowledge, skills, and experience in an engineering, medical, dental, pharmaceutical, veterinarian, legal, accounting, or any other professional position approved by the Mississippi Department of Education (MDE); **or**
- b) Instructional experience at a Mississippi Department of Education accepted accredited college or university; **and**
- c) Who is eligible to provide instruction in one or more of the following certification fields:
English, Reading, Mathematics, Science, Physics, Biology, Chemistry, Earth/Space Science, History, Psychology, Geography, Social Studies, Economics, Art, Music, Behavioral Science, foreign language fields, and the fields of Dance and Drama.

Requirements. To be eligible for the Special, Non-renewable License for Adjunct Teachers, the applicant must be employed by a Mississippi local educational agency (LEA):

(a) Option 1 - Academic Content Areas. The individual must:

1. Hold at least a Master's degree or higher in any area from an institution of higher education that was regionally/nationally accredited at the time the degree was conferred; **and**
2. Verify a minimum of two (2) years of relevant occupational experience; **and**
3. Hold the appropriate professional licensure for the profession or field of instructional experience; **or**
4. Have a passing score on the appropriate Mississippi State Board of Education Subject Assessment approved for licensure in the endorsement area in which the license is requested; **and**
5. Be assigned a mentor/coach from the same LEA who holds a standard renewable license in the same general subject area(s) in which the licensee is teaching.

(b) Option 2 - Performing Arts fields: Dance, Drama, Music, and Art. The individual must:

1. Hold at least a bachelor's degree or higher in the endorsement area in which the license is requested from an institution of higher education that was regionally/nationally accredited at the time the degree was conferred; **and**
2. Verify a minimum of two (2) years of relevant occupational experience; **and**
3. Hold the appropriate professional licensure for the profession or field of instructional experience; **or**
4. Have a passing score on the appropriate Mississippi State Board of Education Subject Assessment approved for licensure in the endorsement area in which the license is requested; **and**

5. Be assigned a mentor/coach from the same LEA who holds a standard renewable license in the same general subject area(s) in which the licensee is teaching.

Validity.

- (a) The Special, Non-renewable License for Adjunct Teachers is valid for one (1) year and may be issued for up to two (2) additional years if the Adjunct Teacher receives annually, a successful rating as measured on the Mississippi Educator and Administrator Professional Growth System.
- (b) The Special, Non-renewable License for Adjunct Teachers will not be converted to any other type of license issued by the Mississippi Department of Education. Should the Adjunct Teacher desire to obtain a standard five (5) year license, all current requirements of a Mississippi State Board of Education approved Traditional or Nontraditional teacher education preparation program must be met.

Note: It is the responsibility of the LEA to assure that Adjunct License holders are assigned only within the subject field(s) associated with the license.

Mailing Address:

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

Delivery Address:

Mississippi Department of Education
Office of Educator Licensure
359 N. West Street, Suite 101
Jackson, MS 39201

- Incomplete or faxed application packets will not be processed.

LICENSURE APPLICATION Adjunct Teachers Special, Non-Renewable License

APPLICANT INFORMATION (PRINT LEGIBLY)

Social Security Number: _____		Email Address: _____									
Name: _____		_____									
<i>Last</i>		<i>First</i>									
Address: _____		_____									
<i>Street/P.O. Box</i>		<i>Apt./Unit Number</i>									
_____		_____									
<i>City</i>		<i>State</i>									
_____		_____									
Telephone Number: _____		Birth Date: _____									
		Gender: _____									
<p>Ethnicity: (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.)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> American Indian</td> <td><input type="checkbox"/> Alaskan Native</td> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Black—non-Hispanic</td> </tr> <tr> <td><input type="checkbox"/> White—non-Hispanic</td> <td><input type="checkbox"/> Hispanic</td> <td><input type="checkbox"/> Pacific Islander</td> <td><input type="checkbox"/> Other</td> </tr> </table>				<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
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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: _____

Mail application to: MS Dept. of Education • Office of Educator Licensure • P.O. Box 771 • Jackson, MS 39205-0771

**LOCAL DISTRICT REQUEST
SPECIAL, NON-RENEWABLE LICENSE**

1. Name: _____
Last First Middle/Maiden

2. Social Security Number: _____

3. License Number: _____

4. Degree: _____

5. Specify the school year for which the license is requested (i.e., 2018-2019):

6. Special, Non-Renewable License Year:

Year One Request: _____

Year Two Request: _____

Year Three Request: _____

7. License Requested:

Endorsement Code: _____ Endorsement Name: _____

8. District Name: _____

9. District Address: _____

10. District Code: _____

11. District Telephone Number: _____

12. Reason(s) for this request: _____

SUPERINTENDENT'S STATEMENT

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

Action approved by the Board of Trustees of the School District (if required) on _____
Date

Superintendent's Signature: _____ Date: _____