

Licensure Instructions

Mississippi Department of Education
Office of Educator Licensure
P.O. Box 771
Jackson, MS 39205-0771
601-359-3483

Please read directions carefully:

1. All educators are encouraged to apply for licensure requests online through the Educator Licensure Management System (ELMS). ELMS is accessible through the Mississippi Department of Education (MDE) website at <http://www.mde.k12.ms.us>. When applying online, remember that supporting documents from the **Licensure Checklist** (pp. 2-5) must still be mailed in to the address above to complete the licensure request. *(The checklist is provided to assist you in compiling your documentation and does not need to be returned with the application.)*

If submitting a paper application, complete and return the **Licensure Application** (p. 6) with all other required documents as a **single, complete packet** to the address above. A complete packet includes an Application, plus all documents listed under your licensure category from the Licensure Checklist. Applications that arrive without supporting documents will be considered incomplete, and the educator will be mailed a “deficiency” letter, stating what documents are needed to process the licensure request.

2. All transcripts from **all** institutions must be submitted in a sealed envelope(s) bearing the seal or signature of the registrar. It should be mailed to you and may be stamped “student issued.” Do not open the sealed envelope. The Office of Educator Licensure also accept electronic transcripts through eScripSafe from those institutions that are members of eScrip and can send electronic transcripts. *This is the fastest, most secure way to get your transcript to the Office of Educator Licensure.*
3. All Praxis test takers who test in the state of MS 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. If you do not request your scores be sent electronically to MDE, you can submit an official paper copy of all pages of your score report to the Office of Educator Licensure.

For additional information regarding educator licensure, please visit the Mississippi Department of Education, Office of Educator Licensure Webpage: <http://www.mde.k12.ms.us/educator-licensure>.

LICENSURE CHECKLIST

This Licensure Checklist will assist you as you compile the supporting documents required for obtaining licensure in your desired area of certification. Please enclose all required documents in one complete application packet. The Checklist is only for your benefit and does not need to be included in the packet.

CATEGORIES

TRADITIONAL TEACHER EDUCATION ROUTES/APPROVED PROGRAM ROUTES

___ **Five-Year Teacher Education Route - Initial License** (*Applies to a graduate of a teacher education program which included student teaching*)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Test Scores

___ **Approved Program Route** (*Applies to a licensed teacher who wishes to upgrade the license with an advanced degree. This includes master's, specialist, and doctorate degrees.*)

- Licensure Application (Paper or Online)
- Transcript documenting the Advanced Degree (Sealed or e-Scrip)

___ **Specific Five-Year Educator License** (*Applies to Guidance and Counseling, Audiologist, Emotional Disability, Psychometrist, School Psychologist, Speech Pathologist*, Performing Arts**, and Child Development****)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Test Scores
- *Original ASHA Membership Card (*ASHA Certified Speech Pathologists may omit submission of test scores.*)
- **Validation of Artistic Competency (*Required only for applicants for the Performing Arts License with a degree in a non-Fine Arts area*)
- ***Verification of Accreditation/Child Development:

<http://www.mde.k12.ms.us/docs/educator-licensure/verification-of-accreditation-childdevelopment.pdf?sfvrsn=0>

___ **School Business Administrator** (*Applies to school district business administrators only*)

- Licensure Application (Paper or Online)
 - Transcript(s) (Sealed or e-Scrip) verifying at least a bachelor's degree in either Business Administration, Accounting, Finance or business related field with a minimum of 15 hours of Accounting coursework as specified in SBE Policy
 - Certificate of training from the Office of School Financial Services, or a letter from the individual's superintendent that the individual has been satisfactorily performing as a school district business manager for a minimum of four (4) calendar years in a Mississippi Public School District
- Note: If the applicant does not have this documentation and only submits an application with a transcript, as specified above, a provisional, non-renewable three year license will be issued.*

___ **Speech Associate**

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip) verifying a bachelor's degree in Communicative Disorders, Speech Pathology or Speech and Hearing
- Test Scores

RECIPROCITY LICENSES

___ **Five-Year Reciprocity License** (*Applies to applicants with a valid, clear and renewable out-of-state license*)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Original, Valid, Standard Out-of-State Teaching License (***Photocopies are not accepted. Your original will be returned to you.***)
- Documentation must be provided to show a passing score on a core subject test required for certification by the issuing state, or documentation that verifies the out-of-state license was obtained in a manner equivalent with current Mississippi license guidelines for that license.

___ **Two-Year Reciprocity License** (*Applies to an applicant who possesses a valid license, which is less than standard from another state*)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Original, Valid, Out-of-State Teaching License (***Photocopies are not accepted. Your original will be returned to you.***)

ALTERNATE ROUTE TEACHING LICENSES

___ **One-Year Alternate Route License** (*Applies to graduates of a non-teacher education program who have met the initial requirements of the American Board for Certification of Teacher Excellence (ABCTE) Program*)

- Licensure Application (Paper or Online)
- Transcript(s) (Sealed or e-Scrip)
- Test Scores

___ **Three-Year Alternate Route License** (*Applies to graduates of a non-teacher education program who have met the initial requirements of the Master of Arts in Teaching (MAT), Mississippi Alternate Path to Quality Teachers (MAPQT), or Teach Mississippi Institute (TMI) Program*)

- Licensure Application (Paper or Online)
- Transcript(s) of **all** Coursework (Sealed or e-Scrip)
- Test Scores
- Institutional Program Verification or Online Recommendation

___ **Five-Year Alternate Route License** (*Applies to graduates of a non-teacher education program who have met all coursework and/or internship requirements of their alternate route program*)

- Licensure Application (Paper or Online)
- Transcript(s) (*MAT Program Only*)
- Certificate of Completion (*MAPQT and TMI*)
or Institutional Program Verification or Online Recommendation (*MAT*)
- Mentorship/Induction Evaluation (*MAPQT or ABCTE Programs Only*)
MAPQT Mentorship/Induction Evaluation Form: <http://www.mde.k12.ms.us/educator-licensure/alternate-route-programs>
- Letter of Recommendation from School District (*TMI Program Only*)
- Completion of **one** of the Following: MAT Program, MAPQT Program, or e-Learning Course (*ABCTE Program Only*)

ADMINISTRATOR LICENSES

___ **District Superintendent/Three-Year License** (**refer to educator licensure guidelines for complete requirements**)

- Licensure Application (Paper or Online)
- Transcript (*Sealed or e-Scrip*)
- Verification of Six-Years of Documented Successful Leadership Experience: <http://www.mde.k12.ms.us/educator-licensure/administrator>
- Local School Board resolution confirming appointment to the position of local District Superintendent

___ **District Superintendent/Five-Year License (refer to educator licensure guidelines for complete requirements)**

- Licensure Application (Paper or Online)
- Documentation of successful completion of ongoing professional learning aligned to the responsibilities of Mississippi local school district superintendents as outlined in Miss. Code Ann. § 37-9-14
- Evidence that the district increased its accountability rating by a minimum of one performance classification during the three (3) year period the District Superintendent Three-Year License was held
- Documentation that the District Superintendent earned a successful evaluation rating annually

___ **Administrator License / Non-Practicing**

- Licensure Application (Paper or Online)
- Transcript (*Sealed or e-Scip*)
- Institutional Program Verification or Online Recommendation Documenting Completion of an Approved Program in Educational Leadership/Supervision
- SLLA Test Scores
- Verification of Three-Years Educational Experience: <http://www.mde.k12.ms.us/educator-licensure/administrator>

___ **Administrator License / Entry Level (5-Year Non-Renewable)**

- Licensure Application (Currently Paper Only)
- Letter from School District Verifying Administrative Position

___ **Administrator License / Career Level**

- Licensure Application (Currently Paper Only)
- Verification of School Executive Management Institute (SEMI) Entry Level Requirements-*Orientation for School Leaders (OSL)*
(For an approved list of trainings, visit: <http://www.mde.k12.ms.us/docs/educator-licensure/approved-semi-and-osltrainings.pdf?sfvrsn=0> .)

___ **One-Year Alternate Route Assistant Administrator**

- Licensure Application (Paper or Online)
- Certificate of Completion or Online Recommendation from MAPQSL (Summer Training)
- Letter from School District Verifying Administrative Internship

___ **Alternate Route Administrator License / Entry Level**

- Licensure Application (Paper or Online)
- Certificate of Completion or Online Recommendation from MAPQSL (Nine Saturday Practicum) Completed
Mentorship Form: <http://www.mde.k12.ms.us/educator-licensure/administrator>
- SLLA Score Report

___ **Alternate Route Administrator License / Career Level**

- Licensure Application (Currently Paper Only)
- Verification of School Executive Management Institute (SEMI) Entry Level Requirements-*Orientation for School Leaders (OSL)*
(For an approved list of trainings, visit: <http://www.mde.k12.ms.us/docs/educator-licensure/approved-semi-and-osltrainings.pdf?sfvrsn=0> .)
- Completion of Six (6) Hours of Educational Leadership Coursework from an Accredited Educational Leadership Program (*Coursework should be selected from the following areas: Curriculum and Instruction, Instructional Improvement or Leadership, School Law or School Finance.*)

DUPLICATES

___ **Requesting a Duplicate License**

- Licensure Application (Paper or Online)
- Send \$5 money order (*no personal checks*) payable to MDE Office of Educator Licensure with paper application, **OR** if applying online, pay with debit or credit card.

Please Note: The virtual certificate is available for viewing and printing online at <http://www.mde.k12.ms.us>. Though it is not an official certificate, it is an official record.

SUPPLEMENTAL ENDORSEMENTS

___ **Supplemental Endorsements** (*only added to three-year and five-year license*)

- Licensure Application (Paper or Online)

AND one of the following:

- If adding a supplemental endorsement with 21 hours of coursework: Transcripts (*Sealed or e-Scrip*) **In order to ensure accuracy and expedite your request, it is recommended that you submit new sealed or e-Scrip transcripts of coursework in the specific endorsement area requested. Microfilmed records are sometimes unreliable.*

OR

- If adding a supplemental endorsement by a Praxis test: Praxis II Test Score Report

OR

- If adding a supplemental endorsement by completion of an MDE approved training: Documentation of Completion of MDE Approved Competency-Based Training Program **OR**

- If adding a supplemental endorsement by completion of an approved program at a college/university: Institutional Program Verification (IPV) or Online Recommendation **Examples of endorsements requiring this form include Remedial Reading, Gifted, Computer Applications, Driver's Ed., English as a Second Language, Health, Special Ed., Physical Science, Vocational Guidance, Cooperative Ed., and Business and Computer Technology.* **AND**

- Sealed or e-Scrip transcript showing approved program coursework should be included with IPV or online recommendation.

RENEWAL/REINSTATEMENT

___ **Renewal of Five-Year License**

- Licensure Application (Paper or Online)

AND

- Transcripts (*Sealed or e-Scrip*) **AND/OR**
- Original Documentation Showing Completion of Continuing Education Units (CEU's) in Content or Job/Skill Related Area (*Copies are not accepted.*) **OR**
- Documentation Showing Completion of National Board for Professional Teaching Standards Process. (*Documentation must be dated within the current renewal cycle.*) **OR**
- Original Documentation Showing Completion of SEMI Credits or Completion of a Specialist or Doctoral Degree in Educational Administration/Leadership (*Applies only to Career Level Administrators*)

Please Note: All renewal coursework, CEU credits, National Board Documentation, or SEMI Credits must be dated within the current renewal cycle. For example, if the current validity dates are 7/1/2011 to 6/30/2016, coursework must be taken within those dates. Furthermore, if the current validity dates are in the future, renewal credits must be earned after the beginning validity date.

___ **Reinstatement of Expired Five-Year License**

- Licensure Application (Paper or Online)
- Transcript(s) (*sealed or e-Scrip*), Documenting Required Coursework for Reinstatement **OR**
- Official Document(s) Verifying Retirement from Service in Mississippi Public Schools (For documentation, contact the Public Employment Retirement System (PERS) at 1-800-444-7377). **OR** Original, Valid, Out-of-State Educator License (*Photocopies are not accepted.*)

Please Note: A **one year** reinstatement of a standard license only requires a Licensure Application but can only be granted one time. During that one year reinstatement, the educator must meet standard renewal requirements to obtain an additional four years for the license to become standard again.

Licensure Application

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

Applicant Information

Social Security Number: _____		Email Address _____	
Name _____		_____	
<i>Last</i>	<i>First</i>	<i>Middle/Maiden</i>	
Address: _____		_____	
<i>Street/P.O. Box</i>		<i>Apt.#</i>	
_____		<i>State</i>	<i>Zip</i>
<i>City</i>			
Phone Number _____	Birthdate _____	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.)			
<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

Licensure Request

Class of license for which you are applying: ___ A (Bachelor) ___ AA (Master) ___ AAA (Specialist) ___ AAAA (Doctorate)	Military Experience (Check, if applicable) ___ Army ___ USAF ___ Navy ___ USMC ___ Reserve ___ MSNG ___ Coast Guard
Type of License (See <i>Licensure Checklist</i> for descriptive information.) ___ Approved Program/Teacher Education Route Subject Area (s): _____ ___ Alternate Route Subject Area (s): _____ ___ Supplemental Endorsement Subject Area(s) _____ ___ District Superintendent License ___ Three Year ___ Five Year ___ Administrator License (Check level of license) ___ Non-practicing ___ Entry ___ Career ___ School Business Administrator ___ Three Year ___ Five Year ___ JROTC	

Character Determination

Check “yes” or “no” to the left of each question.

___yes___no Are you currently addicted or currently dependent on alcohol?

___yes___no Are you currently addicted or currently dependent on other 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 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 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 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 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” 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

INSTITUTIONAL PROGRAM VERIFICATION

To the Applicant:

Submit this form to the Dean of Education of the institution at which the program has been completed.

Institutional Program Verifications are not required for all licenses. Institutional

Program Verifications are required for the following:

- ◆ Administration
- ◆ Computer Applications
- ◆ Master of Arts in Teaching Program
- ◆ English as a Second Language
- ◆ Library Media *(only if planned program)*
- ◆ Vocational Guidance *(added to 436 only)*
- ◆ Occupational Child Care, Aging Services, Clothing, or Food Production Management
(Each of the above added to 321 or 322 only)
- ◆ Health Education
- ◆ Physical Science
- ◆ Reading
- ◆ Severe Disability *(added to 221 only)*
- ◆ Drivers Education
- ◆ Mild/Moderate Disability
- ◆ Gifted
- ◆ Cooperative Education
- ◆ Visually Impaired
- ◆ Elementary Education
(specify grade levels)

To the Dean of the School of Education:

Please complete this form and **return to the applicant for inclusion in the application packet**. MS colleges/universities are encouraged to make an online recommendation in place of this form. *Out of state colleges and universities must stamp this form with an embossed seal, in addition to completing the information below.*

<p>INSTITUTIONAL PROGRAM VERIFICATION <i>(To be completed by the School of Education, if applicable.)</i></p>		
<p>This is to certify that, to the best of my knowledge, the applicant, _____ has</p>		
<p>satisfactorily completed the requirements prescribed by the State Board of Education and the laws of the</p>		
<p>state of _____, has satisfied all course requirements, and demonstrates competence in the field(s) of</p>		
<p>_____ for which the application for licensure is being</p>		
<p>made.</p>		
<p>_____ <i>Signature, Dean of Education or Certification Officer</i></p>	<p>_____ <i>College/University</i></p>	<p>_____ <i>Date</i></p>

* * * * *

For OEL Office Use Only

(Applicant is not to write in this section.)

License Number: _____

Class	Type			Class	Type		
Endorsement				Endorsement			
Valid From:		To:		From:		To:	
By:		Date:		By:		Date:	

Comments: