

DOCUMENTATION OF LICENSURE STATUS

1. Are you currently licensed to teach in Massachusetts? Yes No

2. If you are licensed, please provide the following information:

- Level of licensure: Preliminary (formerly provisional)
 Initial (formerly Provisional with Advanced Standing)
 Professional (formerly Standard)

■ Check area(s) of licensure:	Date	Licensure No.
<input type="checkbox"/> Early Childhood	_____	_____
<input type="checkbox"/> Elementary	_____	_____
<input type="checkbox"/> Middle or Secondary	_____	_____
<input type="checkbox"/> Special Education	_____	_____
<input type="checkbox"/> Other (identify)	_____	_____

3. Do you seek licensure in your area of study upon completion of your graduate program?

Yes No

If yes, check level of licensure sought: *Initial Professional

If in SPECIAL EDUCATION, indicate the level: Grades PreK - 8 Grades 5 - 12

If in EDUCATIONAL LEADERSHIP, indicate the licensure position:

- Principal/Assistant Principal
- Superintendent/Assistant Superintendent
- Special Education Administrator
- School Business Administrator
- Supervisor/Director

* Candidates for education programs leading to initial licensure need to provide a qualifying score on the Communication and Literacy portion of the Massachusetts Tests for Educator Licensure (MTEL). Please refer to a. or b. below.

a. If you took the teacher's test, please attach a copy of your scores.

b. If you are scheduled to take the teacher's test, please provide the test date: _____

4. If you hold licensure in a state other than Massachusetts, please provide pertinent information (state, licensure area, date of licensure).

5. Attach a photocopy of your educator's license(s) to this form.

6. Please sign below. Signature is required.

_____ Signature of Applicant	_____ Date
_____ Print Name	

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Educational Leadership or Reading Applicants must have their administrator complete the following:

This is to certify that _____ has taught successfully as a full-time teacher in our school, elementary or secondary level _____

Address _____ From _____ To _____

Signature of School Administrator: _____ Title _____