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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Personal Information |  |  |  |  |  |  | | --- | | Social Security Number: | | Date of Birth: |  |  |  | | --- | --- | | What grade or subjects are you presently teaching? |  | | What grade or subjects will you teach next school year? |  |  |  | | --- | | Any awards or recognitions since the last application: | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Employer Information |  |  |  |  |  |  | | --- | | Name of School: | | Address: | | Principal/Headmaster: | | Phone: Email: |   Applicant’s immediate supervisor if different than principal/headmaster: |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Education |  |  |  |  |  |  | | --- | | **(Please add any additional degrees or college/university course work since the last application.)** | | Degree Earned/Credit Courses Name of College/University |  |  |  | | --- | --- | |  |  | |  |  | |  |  |   (Please attach verification of a degree earned or additional credit hours earned.) |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Professional Development Points |  |  |  |  |  |  | | --- | | Course and Number of Hours Conducted by |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |

**TYPES OF LICENSES**

Please check the license for which you are applying.

Type Check Items to Include

|  |  |  |
| --- | --- | --- |
| Practitioner License |  | College/University Transcripts  Praxis Exams  Additional course work |
| Professional License |  | College/University Transcripts  Praxis Exams  Additional course work |

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Signature of Applicant Date

**VERFICATION OF EMPLOYMENT**

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| |  | | --- | | (This section is to be completed by the principal/headmaster or the designated person.) |  |  |  | | --- | --- | | Name of Principal/Headmaster | Applicants Title/Position | | How long has the applicant been employed? | Is the Applicant Full-Time or Part-Time? |  |  | | --- | | My signature certifies that the applicant is an adult, possesses Christ-like character, is in good standing with the school and is recommended by me to renew licensure with TANAS. My signature is also verification of the Professional Development Points listed above. | |

DATE SIGNATURE

Please mail the application, along with supporting documents and the renewal fee of $25.00 to the following address:

TANAS

PO Box 411

Hohenwald, TN 38462