ALL LICENSE APPLICANTS

- Must be a citizen of the United States, or be a lawful permanent resident of the United States with a valid Permanent Resident Card, pursuant to NRS 391.060. An applicant who is a naturalized U.S. citizen must show either a U.S. passport or certificate of naturalization. Under certain circumstances, individuals who are not Permanent Residents but have legal status to work in the U.S. may be eligible for licensure pursuant to subsection 2 of NRS 391.060. See the Frequently Asked Questions page on the Educator Licensure website for more information.
- Must meet all requirements for academic preparation, student teaching, and competency testing for the specific area(s) applied for. In some cases, full-time contracted teaching experience may waive the student teaching requirement (see NAC 391.042). If you previously held a teaching license in Nevada, any provisions on that prior license must be cleared before a new license can be issued, pursuant to NAC 391.0565.

SUBSTITUTE LICENSE: COMPLETE SECTION 1 AND SECTIONS 3-9. MUST SUBMIT:

- A copy of your valid, non-expired state-issued driver’s license or identification card, and/or a copy of immigration or naturalization documents.
- Fingerprints may be submitted electronically via Livescan. For more information on Livescan submission of fingerprints, see http://www.doe.nv.gov/Educator_Licensure/Background_Process/. Alternatively, you may submit one completed original fingerprint card (FBI form FD-258) with your application. Fingerprints may be obtained from any police agency or other agency that does fingerprinting.
- Official transcripts issued by an accredited college or university bearing institution’s seal. Transcripts do not need to be in a sealed envelope. Electronic transcripts will be accepted only if they are transmitted directly to transcripts@doe.nv.gov from an accredited college or university, or from a recognized clearinghouse such as eScript. Foreign transcripts must be accompanied by an original translation and course-by-course/degree equivalency evaluation completed by an approved evaluation service. A list of approved evaluation services is available on our website at http://www.doe.nv.gov/Educator_Licensure/Apply/. Transcripts submitted after May 31, 2017 will not be returned.
- Cashier’s check, money order, or credit card payment (Visa, Master Card, or Discover only) for $161. No personal checks or cash will be accepted. Cashier’s checks or money orders should be payable to the Nevada Department of Education. Licensing fees are not refundable.

INITIAL LICENSE (OTHER THAN SUBSTITUTE): COMPLETE ALL SECTIONS OF APPLICATION. MUST SUBMIT:

- A copy of your valid, non-expired state-issued driver’s license or identification card, and/or a copy of immigration or naturalization documents.
- Fingerprints may be submitted electronically via Livescan. For more information on Livescan submission of fingerprints, see http://www.doe.nv.gov/Educator_Licensure/Background_Process/. Alternatively, you may submit one completed original fingerprint card (FBI form FD-258) with your application. Fingerprints may be obtained from any police agency or other agency that does fingerprinting.
- Official transcripts issued by an accredited college or university and bearing the college or university seal. Transcripts do not need to be in a sealed envelope. Electronic transcripts will be accepted only if they are transmitted directly to transcripts@doe.nv.gov from an accredided college or university, or from a recognized clearinghouse such as eScript. Foreign transcripts must be accompanied by an original translation and course-by-course/degree equivalency evaluation completed by an approved evaluation service. A list of approved evaluation services is available on our website at http://www.doe.nv.gov/Educator_Licensure/Apply/. Transcripts submitted after May 31, 2017 will not be returned.
- Competency testing score reports (Praxis, CBEST, CRE, NTE, etc.).
- Copies of any valid, non-expired teaching credentials from other states.
- Verification of teaching experience or work experience, if applicable (see the requirements for your desired area of licensure). The Verification of Experience form may be downloaded from our online forms page.
- Cashier’s check, money order, or credit card payment (Visa, Master Card, or Discover only) for $161. No personal checks or cash will be accepted. Cashier’s checks or money orders should be payable to the Nevada Department of Education. Licensing fees are not refundable.

RENEWAL: COMPLETE SECTION 1 AND SECTIONS 5-9. MUST SUBMIT:

- A copy of your valid, non-expired state-issued driver’s license or identification card, and/or a copy of immigration or naturalization documents.
- Fingerprints may be submitted electronically via Livescan. For more information on Livescan submission of fingerprints, see http://www.doe.nv.gov/Educator_Licensure/Background_Process/. Alternatively, you may submit one completed original fingerprint card (FBI form FD-258) with your application. Fingerprints may be obtained from any police agency or other agency that does fingerprinting.
- Proof of completion of six credits of coursework completed during the period of validity of the current license (see NAC 391.075). This may be original college/university transcripts (electronic transcripts are acceptable if sent directly to transcripts@doe.nv.gov from the issuing institution or a recognized clearinghouse such as eScript). PDE certificates/transcripts, or proof of professional development if applicable. Transcripts do not need to be in a sealed envelope. Transcripts submitted after May 31, 2017 will not be returned.
- Proof of professional licensure or certification, if required for your area of licensure (e.g. school nurses, school psychologists, etc.).
- Proof of U.S. citizenship, only if your citizenship or legal immigration status has changed since your last license was issued.
- Cashier’s check, money order, or credit card payment (Visa, Master Card, or Discover only) for $131. No personal checks or cash will be accepted. Cashier’s checks or money orders should be payable to the Nevada Department of Education. Licensing fees are not refundable.

ADDITIONAL ENDORSEMENT: COMPLETE SECTIONS 1, 2 AND 9 ONLY. MUST SUBMIT:

- A copy of your valid, non-expired state-issued driver’s license or identification card, and/or a copy of immigration or naturalization documents.
- Proof of completion of all academic requirements for licensure in the specified area, in the form of original transcripts issued by an accredited college or university and bearing the college or university seal. Electronic transcripts are acceptable if sent directly to transcripts@doe.nv.gov from the issuing institution or a recognized clearinghouse such as eScript. Transcripts do not need to be in a sealed envelope. Transcripts submitted after May 31, 2017 will not be returned.
- Original competency testing score reports, if required.
- Verification of teaching experience or work experience, if applicable. The Verification of Experience form may be downloaded from our online forms page.
- Cashier’s check, money order, or credit card payment (Visa, Master Card, or Discover only) for $50 per requested endorsement. No personal checks or cash will be accepted. Cashier’s checks or money orders should be payable to the Nevada Department of Education. Licensing fees are not refundable.
SECTION 1 - APPLICATION TYPE:

- Initial
- ARL (Provider: )
- Substitute
- Renewal
- Additional Endorsement

Fee of $161.00  Fee of $161.00  Fee of $161.00  Fee of $131.00  Fee of $50.00 per area

An applicant can apply for one (1) licensure area for the initial non-refundable application fee.

All fees are payable by cashier's check, money order, or credit card only.

Name: _________________________________________________________ __________________________________

Last                                          First                                     MI                                 Previous Name

Educator License#: _________________ SS#: ___________________________ Date of Birth: ______________________

Address:                                                                                      City: _______________________ State: _____ Zip: _________

Email Address: _____________________________________________ Phone Number: __________________________

Are you a U.S. Citizen:  Yes  ☐ No  ☐ Country or U.S. state of Birth: ___________________________________________________________________

SECTION 2

Please indicate which of the following licenses/endorsements you are applying for.

- Early Childhood (Birth-2nd Grade) Educator License
- Elementary (K-8) Educator License
- Elementary (K-8) Additional Endorsement in:  Computers*  English*  Health*  Mathematics*  Literacy*  Science*
- Social Studies*  Physical Education*  Bilingual Education*

Middle School (7-9):  Art  English/Language Arts  Foreign Language (specify)  Instrumental/Vocal Music
- Instrumental Music  Mathematics  Science  Social Science  Vocal Music

Secondary (7-12):  Anthropology  Art  Biological Science  Biology  Botany  Chemistry  Composition & Rhetoric
- Computer Science  Dance  Dramatic or Theatrical Arts  Earth Science  Economics  English  English as a Second Language
- Geology  Health Education  History of the U.S. & the World  Instrumental Music  Instrumental & Vocal Music
- Journalism & Communication  Linguistics  Mathematics  Music  Physical Education  Physical Education & Health
- Physical Science  Physics  Physiology  Political Science  Psychology  Reading  Recreational PE  Social Studies
- Sociology  Speech  Speech & Drama  Vocal Music  Zoology

Exceptional Pupils (Special Education):  Adapted PE  Alternative Education*  Autism  Early Childhood Developmentally Delayed
- Generalist  Gifted & Talented*  Hearing Impairments  Intellectual Disabilities  Orientation and Mobility
- Speech & Language Impairments  Visual Impairments

Licensed School Personnel (K-12):  Admin of Program*  Admin of School*  Reading Specialist*  School Counselor
- School Library Media Specialist*  School Nurse  School Psychologist  School Social Worker  Staff Specialist
- Supervisor of Curriculum & Instruction

Special:  American Sign Language  Art  Audiological Services  Bilingual*  Computer Applications*  Computer Literacy*
- Computer Programming*  Dance*  Driver's Ed*  Foreign Language*  Great Basin Language  Jobs for America's Graduates  JROTC  Music  Occupational Therapy  Physical Education  Physical Therapy  Reading*  TESL*
- Secondary Business & Industry License  (specify area – see NAC 389.803 for available endorsements):
- Secondary Career/Technical License  (specify area – see NAC 391.1301 (2) for available endorsements:
- Special Qualifications License  (specify area – see NAC 391.0583 for available endorsements):
SECTION 3—DEGREE INFORMATION

IMPORTANT: Official transcripts must be submitted with this application. Electronic transcripts (such as e-Script) are acceptable if they are sent directly to the Office of Educator Licensure (email to transcripts@doe.nv.gov) from the issuing institution. Photocopies and faxes are not accepted. Transcripts submitted after May 31, 2017 will not be returned. NRS 394.700 prohibits the use or attempted use of false or misleading degrees and honorary degrees in connection with any business, employment, occupation, profession, trade or public office. Any person who violates this provision is guilty of a misdemeanor.

Please list any post-secondary institutions attended and degrees earned, starting with the most recently attended institution.

<table>
<thead>
<tr>
<th>College/University</th>
<th>Major</th>
<th>Degree or # of Credits Earned</th>
<th>Date Conferred</th>
<th>Student Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Credits/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grade Level</td>
</tr>
</tbody>
</table>

SECTION 4—OUT OF STATE LICENSURE/TEACHING EXPERIENCE

Do you currently hold a valid, unexpired educator license or certification in any other state? ☐ Yes ☐ No

If yes, please submit a copy of each valid license you hold.

Indicate below how many years of full-time, contracted teaching experience you have in other states. If none, leave blank. If you have taught in more than three states, please attach additional sheets as necessary. (Note that this does not apply to work as a long-term substitute teacher or in day care settings.)

State:___________  From:____________  To: ____________  Total years full-time teaching experience:_______________

State:___________  From:____________  To: ____________  Total years full-time teaching experience:_______________

State:___________  From:____________  To: ____________  Total years full-time teaching experience:_______________

SECTION 5—HISTORY DISCLOSURE

Yes ☐ No ☐ Have you ever had any professional certificate or license denied, revoked or suspended?

Yes ☐ No ☐ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?

Yes ☐ No ☐ Have you ever been convicted of any felony or any offense involving moral turpitude?

Yes ☐ No ☐ Have you ever been convicted of any offense other than a traffic citation?

If you answered “yes” to any of the above, you may be asked to provide court or disciplinary documents verifying the disposition of charges.

Date of incident(s):___________________Details (attach additional sheets if necessary):________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________
SECTION 6-FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by Nevada Department of Education that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

   16.34 - Procedure to obtain change, correction or updating of identification records.
   If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CIJS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize Nevada Department of Education to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

________ Applicant Initials

Rev May 2017
SECTION 7-CHILD SUPPORT AFFIDAVIT

Professional or occupational licenses, certificates or permits will be denied or restricted if back child support is owed by the person holding the license. Pursuant to NRS 391.034, the License for Educational Personnel issued by the Nevada Department of Education is subject to this requirement.

Please mark the appropriate response. **Failure to mark one of the three options will result in denial of the application.**

☐ I am not subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order;

☐ I am subject to a court order for the support of one or more children and I am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

_______ Applicant Initials

SECTION 8-OATH OF OFFICE

Pursuant to NRS 391.080, all applicants for licensure as an educator must subscribe to the Oath of Office as specified in the Nevada Constitution:

I,_____________________________________ , do solemnly swear (or affirm) that I will support, protect and defend the constitution and government of the United States, and the constitution and government of the State of Nevada against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of any state notwithstanding, and that I will well and faithfully perform all the duties of the office or position on which I am about to enter, (if an oath) so help me God; (if an affirmation) under the pains and penalties of perjury.

SECTION 9- STOP! Your signature MUST be witnessed by a notary or authorized NDE employee.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above, including all applicable provisions of the Fingerprint Background Waiver, the Child Support Affidavit, and the Oath of Office, and affirm that all information provided in this application is true and correct to the best of my knowledge.

_______________________________________       _________________________________________
Applicant Signature                                                                            Date

_______________________________________       _________________________________________
Notary or Authorized NDE Employee Signature                                                 Date

STOP! READ BELOW BEFORE SUBMITTING YOUR APPLICATION!

Did you:

✓ Complete all required sections of your application, as outlined on page 1?
✓ Sign your application in the presence of a notary or NV Department of Education employee?
✓ Include the following with your application? (Only if required – see instruction page)
  • A copy of your state issued driver’s license or ID card
  • If not submitting fingerprints electronically, one completed fingerprint card (FD-258) - initial licenses or renewals only
  • Official college or university transcripts (or PDE/CEU transcripts if renewing) – transcripts submitted after May 31, 2017 will not be returned
  • Copies of any valid, unexpired teaching credentials you hold in other states
  • Copies of test scores, if applicable
  • Verification of work or teaching experience, if applicable
  • Copies of any valid, unexpired professional licenses or certifications applicable to your area of licensure (e.g. school nurse, psychologist, etc.)
  • A copy of your Permanent Resident Card or proof of legal work status (if not a U.S. citizen)
  • Cashier’s check, money order, or credit card payment (no cash or personal checks)

OFFICE USE ONLY

Processed by ______________________________________________    Date_______________________________

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