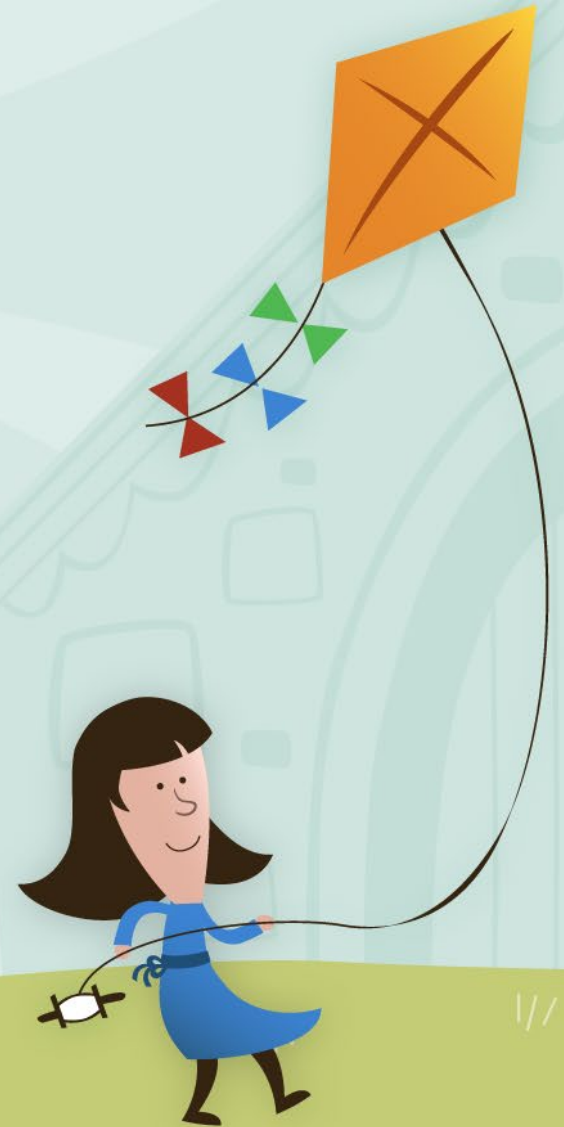


# Applying For Your License

Spring 2022



Which license should I apply for?



# Tier 1

- Does not apply to you.

## Tier 2 – **Without** BSU Recommendation

- If you have **not** taken the MTLE Pedagogy and Content Exams.
- You must have a teaching job offer.  
Requires Section 8: District Verification.
- If you have not taken the tests, BSU cannot recommend you for licensure.\*

## Tier 2 – **With** a BSU Recommendation

- If you **have scores on file** for all required MTLE Pedagogy and Content Exams but **have not passed one or more subtest**.
- You must have a teaching job offer.  
Requires Section 8: District Verification.
- See future slides for process.



**\*REMEMBER:** The goal is to get a BSU recommendation on file with PELSB as soon as possible! This will grandfather you in against future licensure changes.



## Tier 3

- You have completed a licensure program,
- You have bachelor's degree, **and**
- You have passed the required MTLE Pedagogy and Content Exams, with official scores on file at BSU.
- Requires BSU Recommendation. See future slides for process.



## Tier 4

- You are already fully licensed (with a Tier 4 license), and you have passed the MTLE Content Exams for your add-on license.
- You do not need to wait for your degree to post and you do not need a job offer.
- Requires BSU Recommendation. See future slides for process.



# PELSB Approved Fingerprint Card

**APPLICANT**  
FD-258 (REV. 3-1-10) 1110-0046

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

1

2

3

4

5

6

7

8

9

10

11

12

13

Be sure the person who fingerprints you signs in this section

Be sure all fingerprint sections are completed with your fingerprints.

APPLICANT: LAST NAME: NAM, FIRST NAME: [redacted], MIDDLE NAME: [redacted]

ALIASES: AKA

RESIDENCE OF PERSON FINGERPRINTED: MN920130Z, PELSB, Roseville, MN

CITIZENSHIP: CTZ

DATE OF BIRTH: DOB (Month, Day, Year)

PLACE OF BIRTH: PLB

SEX, RACE, HAIR, EYES

BOOK SECURITY NO: SOC

EMPLOYER AND ADDRESS: Professional Educator Licensing Standards Board, 1500 Highway 36 West, Roseville, MN 55113-42

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

1. R. THUMB, 2. R. INDEX, 3. R. MIDDLE, 4. R. RING, 5. R. LITTLE, 6. L. THUMB, 7. L. INDEX, 8. L. MIDDLE, 9. L. RING, 10. L. LITTLE

Required for **INITIAL LICENSURE ONLY**.  
If you are already licensed, you do not need to complete the fingerprint card.

## Initial License Applications

- Request Fingerprint Card from PELSB by email. The Subject Line should say "Fingerprint Card Request": [pelsb@state.mn.us](mailto:pelsb@state.mn.us)
- Complete fields 1-13.
- Have all fingerprints displayed in each square.
- **You MUST use BLACK INK** when completing the top portion of the form.
- When mailing your envelope to PELSB make sure to mark it "Do NOT Bend".
- Good for 1 year from date of fingerprinting.



To download an application for licensure, visit the PELS B website:

Paper Application:

<https://mn.gov/pelsb/current-educators/additional-license/>



# Section 1: Applicant Information

Section 1: Applicant Information				
<b>MINNESOTA FILE FOLDER NUMBER</b>	Enter your MN File Folder Number, if applicable. (only if you have one)		<b>REGISTER NUMBER</b> (for state use only)	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Previous Name</b>	
Easterling	Aspen	Lynn		
<b>Social Security Number/ITIN (required)</b> ### - ## - #####		<b>Birthdate: mm/dd/yyyy</b> ## / ## / #####	<b>Gender (optional)</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
<b>Contact Information:</b>	<b>Daytime Telephone Number</b> (###) ### - #####	<b>Email Address</b> (PELSB communications will be sent to this email address.) Add your personal email address		
<b>Designated Address:</b>	<b>Street</b> Becomes Public	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Home Address:</b>	<b>Street</b> Remains Private	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Ethnicity/Race (optional)</b>	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/ Pacific Islands <input type="checkbox"/> Hispanic/ Latino <input checked="" type="checkbox"/> White			

## All License Applications

- Fill in the indicated fields.
- You only have a “Minnesota File Folder Number” if you are already licensed.
- If you don’t have a school address, leave the “Designated Address” blank.
- From PELSB:

**Designated Address:** Your designated address may be a residence, PO Box, or place of business. Please note that the address you designate on this form does not remain private after a license is issued.

**Home Address:** Your home address remains private if a designated address is supplied. If there is no designated address, the home address does not remain private after a license is issued.





## Section 2: Application Type

### Section 2: Application Type

Enter the name of the LICENSURE FIELD(S) you are requesting:

Enter the license(s) you are seeking

- CHECK HERE IF YOU ARE ADDING AN ADDITIONAL LICENSURE FIELD TO AN EXISTING MINNESOTA TIER 1 LICENSE.
- CHECK HERE IF YOU ARE RENEWING AN EXISTING MINNESOTA TIER 2 LICENSE.

### All License Applications

- Fill in the indicated fields.
- Enter the LICENSE(S) for which you are applying.
- **NOTE:** If you currently hold a MN license be sure to check the highlighted box.



# Section 3: Educational Background

## Section 3: Educational Background

Use the following Degree Codes: 0 – No Degree 1 – Associate’s Degree 2 – Bachelor’s Degree 3 – 5<sup>th</sup> Year/Non-degree Program 4 – Master’s Degree 5 – Specialist 6 – Doctorate

College or University	Located at (city and state)	Degree Code	Date of Degree	Degree Field	FOR STATE USE ONLY College Code
Bemidji State University	Bemidji, MN	*2 or 3*	2020	Major Name	
* 2 if you are graduating					
* 3 if you are licensure only,	FasTrack, SPED				

## All License Applications

- Fill in the indicated fields.
- If you are completing a Bachelor’s degree, select Degree Code 2.
- If you are a FasTrack, SPED, or other add-on licensure candidate, select Degree Code 3.
- Degree Field = Your Major (Social Studies, Elementary, SPED ASD, etc.)



If you are a licensure only student, indicate Bemidji State University, “Degree Code” 3. Leave the “Date of Degree” empty. You should also include information about your Bachelor’s degree and indicate the school’s name and use “Degree Code” 2.



# Section 3: Educational Background- ONLINE APPLICATION

## EDUCATION BACKGROUND

School #Code	City	Country	Date Degree Awarded	Degree	Licensure Program
Bemidji Delite - Elem Online #999901	Bemidji, MN	United States	12/15/2021	Bachelor's	Yes

If you are completing the Online Application, do **NOT** select *Bemidji Delite – Elem Online #99901* as the School #Code. Instead, select ***Bemidji State University*** (even if you are a DLiTE completer)



# Section 5A: Conduct Review Statement

Section 5A: Conduct Review Statement (required for ALL applications)			
Last Name	First Name	Middle Name	Previous Name
Easterling	Aspen	Lynn	
File Folder Number (only if you have one)	Social Security Number/ITIN (required)		
Birthdate: mm/dd/yyyy ## / ## / #####	### - ## - #####		
FOR STATE USE ONLY			

WARNING: FAILURE TO ANSWER ANY OF THE ABOVE QUESTIONS IN A TRUTHFUL MANNER OR FAILURE TO PROVIDE THE INFORMATION REQUESTED COULD LEAD TO DENIAL OR DISCIPLINARY ACTION BEING TAKEN AGAINST ANY EDUCATOR LICENSE.

### Certification of Information

I certify the foregoing information is true and correct. I hereby authorize any listed courts and law enforcement agencies identified in this application to release any information concerning me to the Minnesota Professional Educator Licensing and Standards Board (PELSB).

Signature of Applicant	Date
------------------------	------

Requires ACTUAL SIGNATURE – not an electronic signature.  
Print off sections 5A and 5B and sign with a pen.

## All License Applications

- Fill in the indicated fields.
- Respond to questions 1-12.
- Sign the bottom of Section 5A with a pen.
- If you respond YES to any of the questions, complete the appropriate follow-up documentation identified on the form to be submitted with your application.



# Section 5B: Supplemental Information

## All License Applications

- Complete this section only if you responded YES to Question 1, 2, 3, 4, or 6 on Section 5A – Conduct Review Statement.



Requires **ACTUAL SIGNATURE** – not an electronic signature. Print off sections 5A and 5B and sign with a pen.

## Section 5B: Supplemental Information Form

(required only if you answered "YES" to questions 1, 2, 3, 4 or 6)

Please photocopy and complete a separate form for each conviction or outstanding charge.

1. Convicted or currently charged with:

2. Level of offense (check one):

Felony

Gross Misdemeanor

Misdemeanor

3. Date of offense:

4. Name of arresting agency (police, county sheriff, etc.):

5. Court jurisdiction (i.e., Hennepin County District Court, Minneapolis, Minnesota):

6. Plea and conditions of probation, if any:

7. Date of release from probation:

8. If still on probation, name and telephone number of probation officer:

9. Details of incident:

### Verification/Authorization of Information

I verify the foregoing information is true and correct. I hereby authorize the above listed courts and law enforcement agencies to release any information concerning me to the Minnesota Professional Educator Licensing and Standards Board.

File Folder Number

Printed Name

Date of Birth

Signature of Applicant

Date

# Section 6: Verification of Completion of a State-Approved Licensure Program

## All License Applications

- Complete the *Request Licensure Documentation* Form on BSU's website (see future slides).
- Attach Plan of Study to Request Form. This only applies to FasTrack, SPED, and DAPE
- The Certification Officer will verify completion requirements, complete Section 6, and return it to you with any additional documentation (transcripts, plans of study, test scores, etc.).



Name	File Folder Number
------	--------------------

**Section 6: Verification of Completion of a State-Approved Licensure Program**

THIS SECTION IS TO BE COMPLETED BY THE STATE-APPROVED LICENSURE PROGRAM CERTIFICATION OFFICER.

The state-approved teacher preparation program is from OUTSIDE of Minnesota AND (check all that apply): <input type="radio"/> a regionally accredited program <input type="radio"/> an alternative preparation program	The state-approved teacher preparation program is: <input type="radio"/> a Minnesota state-approved program
--	--

Student Teaching/Practicum/Internship

Complete this section for all applicants that have student teaching/practicums/internships. For special education experiences, include the ages/grade levels AND specific disability categories (with the severity levels: mild, moderate, severe, and/or profound) of students served in each placement. License issuance may be delayed without this information.

K-12 School Name	Licensure Field(s) Taught	Grade Level(s) Taught	Dates	
			Start	End

Licensure Program Completed

For special education licenses, please identify the specific disability category.

Subject/Licensure Field	Grade Levels	Date Preparation Program Completed

I confirm this information is correct.

Print Name of Certification Officer or Registrar	Title
Email Address for Certification Officer or Registrar	Telephone Number for Certification Officer or Registrar
Name of Institution	Location (city, state, ZIP code)
Signature of Certification Officer or Registrar	Date

# Tier 2 & Tier 3

## Section 7: Verification of Teaching Experience

### All License Applications

- **For most, this section will be left blank.**
- This section should only reflect professional teaching experience NOT volunteer placements, practicum placements, field experience, or student teaching.



Name **Easterling, Aspen** File Folder Number (if you have one)

---

**Section 7: Verification of Teaching Experience**

---

If you are using teaching experience in the content area requested to qualify for a Tier 2, this section must be completed by an authorized official.

Teaching Experience						
District/School Name	Location (city, state)	Dates of Employment		Percentage Fulltime	Specific Subject(s) Taught	Grade Level Taught
		Start	End			

**I confirm this information is correct.**

Name of District or Charter School		Six-Digit District Number (XXXX-XX) (only required for Minnesota schools)
Mailing Address (city, state, ZIP code)		
Printed Name of Authorized Official	Email Address	
Signature of Authorized Official	Date	Ten-Digit Telephone Number



# Tier 4

## Section 7: Verification of Teaching Experience

**All License Applications**

- Only needed if you are moving from a Tier 3 to a Tier 4.**
- This section should only reflect professional teaching experience NOT volunteer placements, practicum placements, field experience, or student teaching.



### Section 7: Verification of Teaching Experience

All initial Tier 4 applicants are required to provide documentation of three years of teaching experience in a Minnesota school. If you already hold a Tier 4 or five-year license, this form is not required.

If you are applying for an initial Tier 4 license for a School Counselor, School Nurse, School Psychologist, School Social Worker, or Speech-Language Pathologist, you are required to provide evidence of three years of work experience in a Minnesota school.

Tier Held	Summative Evaluation	Placed on an Improvement Plan	Dates of Employment		Percentage Fulltime	Specific Subject(s) Taught	Grade Level Taught
			Start	End			
	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No					

I confirm this information is correct.

Name of District or Charter School		Six-Digit District Number (XXXX-XX) (only required for Minnesota schools)	
Mailing Address (city, state, ZIP code)		Email Address	
Printed Name of Authorized Official		Title of Authorized Official	
Signature of Authorized Official		Date	Ten-Digit Telephone Number



# Tier 2 - Section 8: District Verification Form

If you are applying for a Tier 2 license, a job offer is required.

This form would be completed by the district.



# Application Fee

1206  
DATE XX/XX/XXXX

PAY TO THE ORDER OF PELSB \$ 90.25

Ninety & 25/100 DOLLARS

MEMO \_\_\_\_\_ *Signature* \_\_\_\_\_

@0000000000 @0000000000 @1206

## All License Applications

- If this is your first MN License you will need a check or money order, payable to PELSB, for \$90.25.
  - Online Application system accepts electronic payment
- If you currently hold a MN License you will need a check or money order, payable to PELSB, for \$57.00
- The initial license application includes the fee for the background check.



# When should I start my application?

**First:** You must have a 4-year degree.

- If you have a 4-year degree, you can apply when grades post.
- If you do not have a 4-year degree, you need to wait for your degree to post. (mid-May to mid-June)

**Second:** Read all of the instructions on the BSU Licensing website and the entire application packet from PELSB.

<https://www.bemidjistate.edu/academics/departments/professional-education/licensing/>

**Third:** Complete the “Request Licensure Documentation” form on the BSU Website:

<https://www.bemidjistate.edu/academics/departments/professional-education/licensing/request-licensure-documentation/> (1-2 weeks)

**Fourth:** Send everything to PELSB in ONE packet. (30-ish days)\*

\*Once they receive the results of your background check.

**SEND EVERYTHING TO PELSB IN ONE PACKET!  
DO NOT USE STAPLES – USE PAPERCLIPS!**



# How will I know when my degree has been awarded?

## Student Academic Record as of 2016 Spring Semester

[Text Copy of this Academic Record](#)

Name: Easterling, Aspen L

\*\*\*\*\* Graduate Academic Record \*\*\*\*\*

Inst. Name: Bemidji State University

Award Name: Bachelor of Science

Completed: Electronic Writing Certificate

Honors: CUM LAUDE

Major: Elementary Education

Major Conc: Communication Arts/Literature Specialty

Awarded on: 12/22/2004



Check MyBSU → E-Services → Academic Records → Unofficial Transcripts

# Request Licensure Documentation Form

STEP 1: If you have a 4-year degree, you can apply when grades post.

If you do not have a 4-year degree, you need to wait for your degree to post.

STEP 2: BSU must have official scores on file for the MTLE Pedagogy and Content Exams.

If you have all the required Pedagogy and Content Exams on file, but have not passed one or more tests, you will need a teaching job offer for a Tier 2. BSU can still recommend you for licensure.

If you do not have all of the required Pedagogy and Content Exams on file, but you have a job offer, you can apply for a Tier 2 license without a BSU recommendation.

STEP 3: Request a Section 6 in the “Request Licensure Documentation” form:

<https://www.bemidjistate.edu/academics/departments/professional-education/licensing/request-licensure-documentation/>

STEP 4: Once you receive the signed Section 6 from BSU (with the Certification Officer’s signature) follow these steps:

- Print everything you receive from the BSU Certification Officer.

This includes:

- The signed Section 6 Form
- All transcripts
- The plan of study (if included – this only applies to FasTrack, SPED, and DAPE)
- **\*A copy of the email from the Certification Officer\***

**\*PELSB will not accept your application materials without this additional documentation.**



# What do I send to PELSB?

Refer to the checklist on page 1 of your application packet. Your packet should include:

- Completed Sections 1-4
- Completed Sections 5A and 5B with original signatures
- Completed Section 6 with BSU Certification Officer signature
- Section 7 – most likely blank
- Section 8: District Verification – only Tier 2 applications
- Copies of all transcripts the Certification Officer sends you
  - Include the approved plan of study, if you received one (this only applies to FasTrack, SPED, and DAPE)
- Copy of the email from the Certification Officer
- Completed fingerprint card (Initial Licenses Only)
- Payment
- Any other documentation indicated on your application or by the Certification Officer

Mark envelope “DO NOT BEND”

**Make sure you send everything to PELSB in ONE packet.**



# Online Application Tips & Tricks

- Online Application is **only** for initial licensure candidates!
- Use the navigation buttons in the application system
  - If you use the browser buttons, the system will lock you out for 48 hours
- Complete the application in one setting
  - If you are inactive for 30 minutes, the system will lock you out for 48 hours
- Complete the online application less than 30 days prior to graduating
- After payment is complete, applicant will have 60 days to send materials to PELSB
  - ***If 60 days pass without sending materials to PELSB, payment is forfeited***

Online Application:

<https://public.education.mn.gov/CELApplication/>



# Additional Resources

➤ **MTLE Score Reporting Schedule:**

[https://www.mtle.nesinc.com/PopUp.aspx?f=HTML\\_FRAG/MNCBTRB\\_ScoreReportDates.html](https://www.mtle.nesinc.com/PopUp.aspx?f=HTML_FRAG/MNCBTRB_ScoreReportDates.html)

- BSU must have official scores on file to recommend you for licensure!

➤ **Teacher Licensure Lookup:**

<https://public.education.mn.gov/LicenseLookup/educator>

- Monitor PELSB application status





# PELSB Informational Licensing Virtual Session

PELSB is hosting a 1-hour informational session on **May 5th at 4:30pm** for candidates who are currently student teaching and looking toward applying for licensure.

PELSB will cover general topics such as the licensing timeline and ethics, while leaving time for questions.

Please submit questions in advance to Tanwaporn at [tanwaporn.watanaporn.ohl@state.mn.us](mailto:tanwaporn.watanaporn.ohl@state.mn.us)

Date: Thursday, May 5th  
Time: 4:30pm - 5:30pm  
Location: Webex

[Register Here](#)



Questions?

Email:

[Teaching.License@bemidjistate.edu](mailto:Teaching.License@bemidjistate.edu)

