

Updated 08/21/2023



Initial Tier 4 applicants: Must have 3 years of teaching experience.

Usually, candidates who qualify for a Tier 4 license are FasTrack and/or SPED candidates... Or candidates who are adding a field to their existing Tier 4 license.

PELSB Ap	proved Fi	nger	print	t Ca	rd	
APPLICANT 'See Prescy Activates on Bud. FD-256 (REV.12.10.07)	TYPE OR PRINT NAM Jones,	ALL INFORMA FIRST NAME Mary	TION IN BLACK		FBI	LEAVE BLANK
SIGNATURE OF PERSON ENGERPRINTED Mary Jones HESDENCE OF PERSON ENGERPRINTED 1234 Street Name Town Name, MN 56601 Date ISONATURE OF OFFICIAL TAKING ENGERPRINTS	ALIASEE AKA Mary Sue Smith Mary Smith Jone	PELS Saint	20130Z SB Paul, MI V 504	V wgr. (f 145 E		DATE OF BRTH Month Day Vear 04/14/1999 PLACE OF BIRTH POB MN
3/10/2022 John Doe EMPLOYEE AND ADDRESS Professional Educator Licensing & Standards Board 1021 Bandana Blvd. E., Suite 222 St. Paul, MN 55108-5111 REASON FRIGEPRIFED	YOURING OCA FBING FBI ARMED FORCESING MINU SOCIAL SECURITY NO SOC	CLASS	·	LEAV	/E BLANK	
Section 122 A. 18, Subd. 8 MN Statute						
Request Fingerprint Car PELSB by email. The Subject Line shou "Fingerprint Card Requ pelsb@state.mn.u	rd from Id say uest." <u>s</u>	INITI. If yo to com	Req AL LIC u are a you do plete th	uired ENSI Iread o not ne fino	for JRE O y licen need gerprin	NLY. sed, t card.

Here are two things you can do now:

- 1. Contact PELSB and ask for a fingerprint card. You must use the PELSB fingerprint card.
- 2. Schedule an appointment to be fingerprinted (e.g.: Local Law Enforcement). Appointments are usually required and there is a fee (approximately \$20-25).
- 3. Do <u>NOT</u> complete this form prior to being fingerprinted. Some locations will enter your information into their computer and print it on the card.
- 4. <u>DO</u> use black ink when completing this form (if the fingerprinting location doesn't fill it in for you).
- 5. <u>DO</u> make sure to fill out the form completely, including your signature and that of the official who took your fingerprints.

Tips from PELSB:

- Fill out the card with a **black ink pen**
- Provide your full name and include any aliases or previous names
- Enter your full date of birth, for example 03/10/1999
- Citizenship = Country name (e.g.: US if you are a United States Citizen)
- When mailing your envelope to PELSB make sure to mark it "Do NOT Bend".
- Good for 1 year from date of fingerprinting.

Two Ways to Apply

Initial Licensure ONLY

- ♦ May be completed online.
- ♦ You will still send a few pieces by mail.
- The online system will provide you with a checklist of materials to send to PELSB via snail mail.

Existing License Holders

- Must complete the paper application and send everything to PELSB via snail mail.
- ♦ Existing license holders do <u>not</u> need to be fingerprinted.



Paper Application and Online Application System:

Online System - ONLY <u>initial</u> licensure candidates can use the online system. All others (even if you hold substitute teaching license) <u>must</u> use the paper application.

Those who use the online system will still need to mail some materials to PELSB. The system will tell you what those are (most likely fingerprint card, Section 6, and transcripts). Send all materials to PELSB in one packet.

Online system Tips & Tricks on slide 24.

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			Section	1: Applic	ant In	formation								
FOLDER NUMBER NUMBER, If applicable. (Only if you have one)									DEDCONAL					
Last Name Easterlin	a		First Name Aspen			Middle Name Lynn	Previous	Name		PERSUNAL				
Social Secur ### - ##	Social Security Number/ITIN (required) #### - ## - #####		Birthdate: mm/dd/yyyy ### / ### / #####		Gender (optional) Male Female		le 🖌 Female							
Contact	Contact Daytime Telephone Number Em Information: (###) ### - ##### AC			Email Add	mail Address (PELSB communications will be sent to this email address.)									
Designated	Designated Street Address: Becomes Public			City		State	State ZIP Code		CONTINUE TO					
Home	Stre	et nains Drivate			City		State		ZIP Code	HAVE ACCESS				
Ethnicity/Ra (optional)	Ethnicity/Race American Indian Asian Black Hawaiian/ Pacific Islands Hispanic/ Latino 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. 														
 Deside busin a lice Hom is no 	gna ness ense e Ao des	ted Addres Please r is issued ddress: Yo signated a	ss: Your o note that our home ddress, t	designa the add addres he hon	 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 									

USE A PERSONAL EMAIL THAT YOU WILL CONTINUE TO HAVE ACCESS TO!

	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 2 LICENSE.						
All Li	cense Applicati	ions					
• Fill i	n the indicated fields						
• Ente	er the LICENSE(S) fo	r which you are applying.					
NOT	F : If you currently by	ald a MN license be sure to check the highlighted box					
• 110	<u>L. If you currently no</u>	Sid a wird license be sure to check the highlighted box.					

Enter <u>all</u> licenses you are applying for. For example, if Elementary Education and PrePrimary, write <u>both</u> in Section 2.

If you are already licensed and are adding a field to an existing license, check the box on the green-highlighted line.

Section 3: Educational Background

Section 3: Educational Background									
Use the following 0 – No Degree Degree Codes:	e 1 – Associate's Degr 4 – Master's Degree	ee <mark>2 – Ba</mark> 5 – Sp	c <mark>helor's De</mark> ecialist	gree 3 – 5 th Year/No 6 – Doctorate	on-degree Program				
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								

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.

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.)

Section 3: Educational Background ONLINE APPLICATION ONLY

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

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

Sec	ction 5, P	A: Conc APER /	duct F APPL	Revi ICA	ew Statement TION All License Applications
Last Name Easterling File Folder Number (only if you hav Birthdate: mm/dd/yyy ### / ### / ###### WARNING: FAILURE TO A INFORMATION REQUESTE UCENSE.	First Name Aspen /e one) NSWER ANY OF THE ABOVE ED COULD LEAD TO DENIAL O	Middle Name Lynn Social Security Number/ITIN (rec #### - ### - ##### FOR STATE USE ONLY QUESTIONS IN A TRUTHFUL MAI DR DISCIPLINARY ACTION BEING	Previous Name puired) UNER OR FAILURE TO PR	OVIDE THE JUCATOR	 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
I certify the foregoing info identified in this applicati and Standards Board (PEL:	Certifics rmation is true and correct. on to release any information SB).	ation of Information I hereby authorize any listed cour n concerning me to the Minnesota	ts and law enforcement a Professional Educator L	agencies	follow-up documentation identified on the form to be submitted with your application.
Signature of Applicant	Requir Print o	res ACTUAL S	GIGNATUR A and 5B a	E – no Ind sig	t an electronic signature. n with a pen.

Online System does not have you sign Section 5A or 5B.



Online System does not have you sign Section 5A or 5B.

Section 6 State-	}: V∉ App	erifica rovec	tion I Lice	of C ensi	Completion of a ure Program
Name		File Folder Number		All	License Applications
Section 6: Verification o	f Completion of a	a State-Approved Licens	ure Program	•	Complete the Request
The state-approved teacher preparation OUTSIDE of Minnesota AND (check all th a regionally accredited program an alternative preparation progra	program is from The at apply):	e state-approved teacher preparation	on program is: rogram		Licensure Documentation Form on BSU's website (see
54 Complete Mis section for all applicants experiences, include the agen/grade here severe, and/or profound) of students ser K-12 School Name	udent Teaching/Prac hat have student teachin is AND specific disability of ved in each placement. Li Licensure Fiel	ticum/Internship ng/practicums/Internships. For spe categories (with the severity levels: icense issuance may be delayed wi id(s) Taught Grade Level Taught	cial education mild, moderate, hout this information.) Dates Start End	•	Attach Plan of Study to Request Form. This only applies to FasTrack, SPED,
	Licensure Program	n Completed			and DAPE. The Certification Officer will
For special education licenses, please id Subject/Licensure Fie	entify the specific disabili	lty category. Grade Levels	Date Preparation Program Completed		verify the completion of requirements, complete
					Section 6, and return it to
Relative of Catillaria Office - R	I confirm this informa	ation is correct.			you with any additional
Email Address for Certification Officer or	r Registrar	Telephone Number for Certification	on Officer or Registrar		documentation (transcripts,
Name of Institution	Lo	scation (city, state, ZIP code)			plans of study, etc.).
Signature of Certification Officer or Regi	strar		Date		
Application for a Tier 3 Minnes	ota Educator License: No	vember 2020	Page 11 of 12		

Plans of Study submitted must be signed by a faculty member!

If you don't have a signed form, work with your advisor to secure one.

<u>**Tier 3</u>** - Section 7: Verification of Teaching Experience</u>

All License Applications

- For most people, this section will be left blank.
- This section should only reflect professional teaching experience NOT volunteer placements, practicum placements, field experience, or student teaching.
- Completed by school district(s).

Section 7: Verification of Teaching Experi If you are using teaching experience in the content area requested to qualify for a Tie 2 an authoritied official. Teaching Experience District/School Name Location (city, state) Dates of Start Percentage Fulltime Percentage Fulltime Sign of the start Percentage Fulltime Percentage Fulltime Percentage Fulltime Percentage Fulltime Percentage Fulltime Percentage Fulltime Percentage Fulltime Percentage Fulltime Percentage Fulltime	rience , this section must be completed by pecific Subject(s) Taught Taugh
If you are using teaching experience in the content area requested to qualify for a Tier 2 an authorized official. Teaching Experience District/School Name Dates of formation (city, state) Dates of manual propriet Statt Percentage Fullime Sign of state Percentage Fullime Sign of state Image: Sign of the state Sign	, this section must be completed by pecific Subject(s) Taught Grad Taugh
Teaching Experience District/School Name Location (city, state) Dates of start Percentage Fulltime Percentage Fulltime Sy Image: Start End Image: Start End Image: Start Image: Sta	pecific Subject(s) Taught Leve Taugh
District/School Name Location (city, state) Dates of Fulltime Fulltime Start End Full	pecific Subject(s) Taught Grad Level Taugh
(xity, statit) Start End Fundme Image:	Taug
I confirm this information is correct.	
Name of District or Charter School Siz-D requi	igit District Number (XXXX-XX) (onl ired for Minnesota schools)
Mailing Address (city, state, ZIP code)	
Printed Name of Authorized Official Email Address	
Signature of Authorized Official Date	Ten-Digit Telephone Numbe

<u>**Tier 4</u>** - Section 7: Verification of Teaching Experience</u>

All License Applications

- Only needed if you are moving from a Tier 2 or 3 to a Tier 4.
- This section should only reflect professional teaching experience NOT volunteer placements, practicum placements, field experience, or student teaching.
- Completed by school district(s).

	Section 7:	Verificat	ion of	Teaching E	Experience	
If you are using teaching e an authorized official.	xperience in the co	intent area r	equested	to qualify for a	Tier 2, this section must be comp	pleted by
		Teach	ning Expe	rience		
District/School Name	Location	Dat	es of	Percentage	Enacific Subject(c) Taught	Grad
District/school Name	(city, state)	Start	End	Fulltime	specific subject(s) raught	Taug
		-				-
Name of District or Charte	l o r School	onfirm this	informat	ion is correct	Six-Digit District Number (XXXX required for Minnesota schools)	(-XX) (oni
Mailing Address (city, stat	e, ZIP code}					
Printed Name of Authoriz	ed Official		E	mail Address		

This might apply to you if you are already licensed in Tier 3 and are moving to Tier 4.

MINNESOTA		
PROFESSIONAL EDUCATOR LICENSING AND STANDARDS BO	DARD	
Review and Submit Application	on Destanding LEducates Linearing and Oten destands Desta	
Please review and edit your inform	Professional Equicator Licensing and Standards Board nation as needed. Select Submit Application when you are ready to continue.	DEL CD'a Onlina
Application Type		PELSD'S Unline
First Time Minnesote Edi	ucation License	
Teaching		Annligation
• Tier 3		Application
	Edit	
		Davian & Cubmi
Contact Information		Review & Submi
* Last Name		
First Name Middle Name		양 것은 아직님께서 집에서 가지 않는 것이 가지 않는 것이 가지 않는 것이 가지 않는 것이 없다.
Previous Full Name		같은 같은 것은 소리는 것 것 같은 것
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* Country * Addrean Line 1	United States	
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* City		
* State * Zio/Postal Code		
Designated Address:		Make sure to review the
* Country	United States	
Address Line 1		
* City		information provided on
* State		
* Zip/Postal Code		
unique a reaction	Important - includo your permanent email addrese. Please de not use a school and/or temporary email address.	this nade before
* Email Address		uno pago boloro
* Gender		
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Black or African American		
Native Hawaiian or other Pacific	c Islander	
White		
	Edit	
Education Destructured		
Education Background		
College / University: Ben	nicji State University	
Location: Ben	niciji, Minnesota, United States	
Licensure Program: Yes Degree Awarded: Bec	helor's (Dec 23, 2022)	
-	Edit	



		Applicatio	on Fee	
All	License A	pplications		
۲	If this is yo order, paya	our first MN License you able to PELSB, for \$90.3	will need a check 25.	or money
۲	Online App	olication system accepts	electronic payme	nt.
۲	If you curre money ord	ently hold a MN License ler, payable to PELSB, f	you will need a cł or \$57.00.	neck or
۲	The initial check.	license application inclu	des the fee for the	background
		PAY TO THE ORDER OF PELSB Ninety & 25/100 MEMO	1206 DATEXX/XX/XXXX \$ 90.25 DOLLARS ? Signature ⊪1206	

The online application processes your payment immediately (pay by credit card).

The paper application must include a check or money order. PELSB's business services must process this payment and it can take 5-7 days.

This is why we recommend you complete the online application – if you are able.



Once you receive an "Awarded on" date on your transcript, your degree has been awarded and you are a college graduate! If this section is missing (top left of transcript), your degree has not been awarded yet.

- Spring completers degrees are usually posted sometime in May*
- Fall completers degrees are usually posted sometime in January*

*These are approximate timelines. You must have completed all degree requirements and have an approved grad plan on file with the Records Office before your degree will post. If it seems to be taking overly long, please reach out to Teaching.License@bemidjistate.edu and I will follow up with Records.



Requesting a substitute license is <u>NOT</u> encouraged, in fact PELSB discourages it – it may delay your actual license.



PELSB will accept unofficial transcripts if they come from the Certification Officer. You must include a printed copy of the email from the Certification Officer.

DO NOT use staples, use paperclips!

DO send everything to PELSB in <u>one</u> packet.

I'm completing the <u>PAPER</u> application. 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 · Copies of all transcripts the Certification Officer sends you · Include the approved plan of study, if you receive 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 the envelope "DO NOT BEND" Make sure you send everything to PELSB in ONE packet.

The paper application includes a checklist – make sure you include everything on that list!

DO NOT use staples, use paperclips!

DO send everything to PELSB in <u>one</u> packet.



You will complete all sections, except for Section 6, in the online system. You will pay online.

The online application system will provide you with a list of additional materials (i.e.: fingerprint card, signed Section 6, transcripts, email from Certification Officer, etc.). You will need to MAIL these materials to PELSB in <u>one packet</u>.

DO NOT use staples, use paperclips!



You may want to wait until your degree posts before completing the online application to ensure it is completed less than 30 days prior to graduating.



Teacher Licensure Lookup:

MN Licensure system where you can enter your name or MN File Folder Number to monitor your PELSB application. The Historical Application Detail's status will change from 'Payment Received' to 'Issued'. If status changes to 'Additional Information Requested,' be sure to monitor your email for a message from PELSB.



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Usually, candidates who qualify for a Tier 4 license are FasTrack and/or SPED candidates... Or candidates who are adding a field to their existing Tier 4 license.

