

Minnesota Educator Renewal License Application

Application General Information and Checklist

General Information: Renewal requirements must be met even if the license is not currently being used. A renewal application for an existing substitute, five-year, Tier 3, Tier 4, or administrative license may be submitted any time after January 1 of the year of expiration.

NOTE: Tier 1 and Tier 2 applicants should not use this form, rather submit a Tier 1 or Tier 2 application on or after July 1 for the upcoming school year needed.

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING TO BE CONSIDERED

Partial or incomplete packets will be returned to the applicant for completion and resubmission. Review and check each of the following questions to ensure you have completed the required paperwork and included all required materials for submission.

- Application processing fee in the form of a check or money order made payable to “PELSB.”**
 - For renewal of existing licenses: include an application fee of \$57.00 payable to “PELSB.”
- Official transcripts that have previously been submitted do not need to be submitted again.**
- Completed application.**
 - **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: Renewal of Short-call Substitute License**
 - Check the box if you are renewing your short-call substitute license. Do not complete Section 3 or Section 4.
- Section 3: Local Continuing Education/Relicensure Committee Verification**
 - All required clock hours, including mandatory requirements, must be submitted to and reported by the local continuing education/relicensure committee before a renewal application is submitted.
- Section 4: Employment Verification for Administrative License Renewal**
 - This section must be completed, signed and dated by an authorized school official.
- Section 5A: Conduct Review Statement completed, signed and dated AND, if you answered YES to questions 1, 2, 3, 4, or 6, complete Section 5B. If you answered YES to questions 5, 7, 8, 9, 10, 11, or 12, include the additional materials requested.**

PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

Instructions for Renewal of a Minnesota Educator License Application

It is the applicant's responsibility to submit the required items in ONE complete packet to PELSB. To ensure the submission of a complete packet, review and follow the instructions below.

A check or money order payable to "PELSB" must be included. **This is a non-refundable processing fee.**

- Existing License Holder Application Fee: \$57.00 (does not require a fingerprint card).

Mailing Address	Telephone Number	Web Address	Email Address
PELSB 1021 Bandana Blvd. E, Suite 222 Saint Paul, MN 55108-5111	651-539-4200	https://mn.gov/pelsb/	pelsb@state.mn.us

NOTE: Do not use this application to renew a Tier 1 or Tier 2 license.

<https://www.revisor.mn.gov/statutes/cite/122A.187> and Renewal
(<https://www.revisor.mn.gov/statutes/cite/122A.187>)

Important Information

- This application is for renewing an existing substitute, five-year, Tier 3, Tier 4, or administrative license.
- Do not use this application of you are renewing a Tier 1 or Tier 2 application.**
- You do not need to complete a fingerprint card or send documentation that has already been submitted.

Section 1: Applicant Information

- Name: Provide your legal name as it appears on your social security card. If you are adding a new licensure field to an existing Minnesota license AND you have a NAME CHANGE, please attach a [Name Change Authorization](#) form. This form is on the PELSB website, under "Current Educators" and "License Requirements and Forms."
- Social Security or Individual Taxpayer Identification Number: [Minnesota Statute 270C.72, Subdivision 4](#) requires all agencies that issue licenses to collect social security (SSN) or individual taxpayer identification (ITIN) numbers as part of the application. Your application will be deemed incomplete if not provided.
- Email: It is important to provide an email address that you have access to throughout the year. Important information will be sent to this email address, including instructions on how to print the e-license.
- Designated Address: Your designated address may be a residence 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 you enter a separate designated address. If there is no designated address, the home address does not remain private after the license is issued.**
- Ethnicity/Race: This section is optional and will not affect the decision of the application.

Section 2: Renewal of Short-call Substitute License

- Check here if you are renewing an existing short-call substitute license.

Section 3: Local Continuing Education/Relicensure Committee Verification

- Checking the box in this section confirms that all clock hours, including mandatory requirements, have been submitted to and reported by your local continuing education/relicensure committee.

Section 4: Employment Verification for Administrative License Renewal

- For two-year administrative licenses only: to move from a two-year license to a five-year license, verification of one full year of experience as an administrator in the licensed administrative field is required. An authorized official is required to complete this section.

Section 5: Conduct Review

- All applicants are required to complete Section 5A.
- Your answers on the conduct review statement apply only to the period **since most recent license was issued**.
- If you answered YES to questions 1, 2, 3, 4, or 6; complete Section 5B.
- If you answered YES to questions 5, 7, 8, 9, 10, 11, or 12; include the additional materials requested.

Privacy Statement:

The data you provide on an application for Minnesota education licensure will be used by Minnesota Professional Educator Licensing and Standards Board to assess your qualifications for licensure. You are not legally required to provide this data. However, if you fail to provide information, PELSB may be unable to process your license application. Until licensure is granted, the information you provide on the application is private data, accessible to only you, PELSB, its staff, and/or staff of the Attorney General's Office representing PELSB. Your application and all submitted application materials, except your Social Security number, become public data if licensure is granted, according to [Minn. Stat. § 13.41, Subd. 5](#).

Under [Minn. Stat. § 270C.72](#), PELSB is required to provide your Social Security number to the Minnesota Commissioner of Revenue. This information may be used to deny the issuance and renewal of your license or to revoke your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. PELSB will provide only your Social Security number to the Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to share this information to the Internal Revenue Service. Failing to supply this information may jeopardize or delay the issuance or your license or processing your renewal application.

When working with required data reporting from Minnesota public school districts, PELSB will use your private or confidential data only for purposes of confirming unique identity. PELSB staff having access to this data are only those working directly with licensing or the data reporting systems.

Application for Renewal of a Minnesota Educator License

PELSB
1021 Bandana Blvd. East
Suite 222
Saint Paul, MN 55108-5111

General Information and Instructions: a partial or incomplete application packet will be returned to the applicant for completion and resubmission. To ensure the submission of a complete packet, review and follow the instructions and checklist.

A completed Conduct Review Statement must accompany every application.

If you have questions, call 651-539-4200, go to the [website](https://mn.gov/pelsb/) at <https://mn.gov/pelsb/>, or send an [email](mailto:pelsb@state.mn.us) to pelsb@state.mn.us

- A check or money order in the amount of \$57.00 payable to “PELSB” must be included. **This is a non-refundable processing fee.**

Section 1: Applicant Information

MINNESOTA FILE FOLDER NUMBER		Enter your MN File Folder Number:		REGISTER NUMBER (for state use only)	
Last Name			First Name		Middle Name
					Previous Name
Social Security Number/ITIN (required)			Birthdate: mm/dd/yyyy		Gender (optional) <input type="radio"/> Male <input type="radio"/> Female
Contact Information:		Daytime Telephone Number		Email Address: (PELSB communications will be sent to this email address.)	
Designated Address:	Street		City		State
					ZIP Code
Home Address:	Street		City		State
					ZIP Code
Ethnicity/Race (optional) <input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Hawaiian/ Pacific Islands <input type="radio"/> Hispanic/ Latino <input type="radio"/> White					

Section 2: Renewal of Short-call Substitute License

- Check here if you are renewing a short-call substitute license only. Skip Section 3 and Section 4. Complete Section 5.

Section 3: Local Continuing Education/Relicensure Committee Verification

By reporting clock hours electronically, the committee chairperson verifies that this applicant has satisfactorily completed all applicable Minnesota Professional Educator Licensing and Standards Board [Rule 8710.7200](#) requirements and is entitled to license renewal.

- NOTE:** Check here if you are renewing a teaching license and to indicate your clock hours have been submitted and reported electronically by your district’s continuing education/relicensure committee.

Name	File Folder Number
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Section 4: Employment Verification for Administrative License Renewal

For two-year administrative licenses only: to move from a two-year license to a five-year license, verification of one full year of experience as an administrator in the licensed administrative field is required.

School District Name	Located at (city and state)	Dates of Service (mm/dd/yyyy)		Position	Grade Levels
		From:	To:		

My signature verifies that the applicant has successfully administered in the above school district as indicated.

Human Resources Contact Name		Six-Digit District Number (XXXX-XX)
Human Resources Email Address	Human Resources Telephone Number/Ext	
Printed Name of the Superintendent, Director, or Charter School Administrator		
Signature of the Superintendent, Director, Charter School Administrator, or HR Director		Date

Section 5A: Conduct Review Statement

(required for ALL applications)

Last Name	First Name	Middle Name	Previous Name
File Folder Number		Social Security Number/ITIN (required)	
Birthdate: mm/dd/yyyy		FOR STATE USE ONLY	

You must answer all questions completely and provide all requested information. Failure to answer any of the questions in a truthful manner or failure to provide the information requested could lead to denial of any educator license. If you are completing the conduct review for a renewal of or addition to an existing Minnesota license, only disclose incidents that have occurred since your last license was issued.

Check the appropriate boxes below. If there is any writing on this form, it cannot be scanned properly and your application will be delayed. If you are submitting additional information, you must use either the Supplemental Information Form or other sheets of paper.

Yes No 1. Have you ever been convicted of a crime?

A “crime” means conduct which is prohibited by statute and for which the actor may be sentenced to imprisonment, with or without a fine. Crimes include misdemeanors, gross misdemeanors, and felonies. DWIs and DUIs are included in this definition and must be disclosed. Do NOT include petty misdemeanors in your disclosures as these are not crimes.

The term “conviction” includes a finding of guilt by a jury or judge, an admission of guilt or a plea of guilty, an Alford plea (a plea without admission of guilt), a plea of “no contest,” and/or charges that have resulted in a stay of imposition of sentence. If your criminal conviction has been expunged by a court order, you do NOT need to disclose the conviction; however, you may first wish to verify if your conviction is subject to full expungement versus a court records expungement (“inherent authority expungement”). Inherent authority expungement orders do not prohibit convictions from showing up on a background check. Convictions subject to an inherent authority expungement need to be disclosed.

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Yes No 2. Have you ever been referred to a pre-trial diversion program after being arrested?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Yes No 3. Have you ever been acquitted, found not guilty, or given a stay of adjudication of a criminal offense involving sexual conduct, homicide, assault, or any other crime involving violence?

If you answered “yes,” complete and include the Supplemental Information Form (Section 5B) and attach it to this page.

Name	File Folder Number
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CONDUCT REVIEW STATEMENT continued

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- Yes No 4. Are any criminal charges currently pending against you in Minnesota or any other state (this includes a pending stay of adjudication)?
- If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.
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- Yes No 5. Have you ever been the subject of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?
- If you answered "yes," you must attach materials explaining the type of protective order, the date action was taken, the final order document, the court file number, and the court/county involved.
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- Yes No 6. Have you ever been found in violation of a harassment restraining order, a domestic assault no contact order, an order for protection, a temporary restraining order, or similar civil protective order in Minnesota or any other state?
- If you answered "yes," you must complete the Supplemental Information Form (Section 5B) and attach it to this page.
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- Yes No 7. Have you ever been the subject of a maltreatment finding or disqualification by the Minnesota Department of Education, the Minnesota Department of Human Services, a county human services office or similar agency in Minnesota or another state?
- If you answered "yes," you must attach materials explaining the type of action, the date action was taken, the final order document, and the agency involved.
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- Yes No 8. Have you ever had an education or other occupational license revoked, suspended, denied, subject to a stayed suspension/probation, or received a formal reprimand in Minnesota or any other state?
- If you answered "yes," you must attach material explaining the type of license, the date action was taken, the final decision document, and the agency involved.
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- Yes No 9. Have you ever voluntarily surrendered or terminated an education or other occupational license because of misconduct?
- If you answered "yes," you must attach material explaining the basis for the surrender/termination, type of license, location, date of surrender/termination, and agency involved.
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- Yes No 10. Is disciplinary action/a misconduct investigation against your teaching, administrative, or other occupational license currently pending in Minnesota or another state?
- If you answered "yes," you must attach material explaining the action or charges, location, date, status of investigation and board/employer involved.
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Name	File Folder Number
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CONDUCT REVIEW STATEMENT continued

- Yes No 11. Have you ever been terminated, suspended, resigned from or otherwise left an employment position after allegations of misconduct were made against you or when an investigation into those allegations was pending?

If you answered "yes," you must attach material explaining the action or charges, location, date, and employer involved.

- Yes No 12. Have you or a school district in which you were employed ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation that involved **YOUR** sexual conduct?

If you answered "yes," you must attach material explaining the situation including the date and location of the school district.

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
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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