



APPLICATION FOR TRANSITION TO TEACHING PERMIT

State Form 52649 (R2 / 5-08)
Approved by State Board of Accounts, 2008

DEPARTMENT OF EDUCATION
OFFICE OF EDUCATOR LICENSING AND DEVELOPMENT
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ACCOUNTING CONTROL

Receipt number
Date of receipt (<i>month, day, year</i>)
Transaction number

IMPORTANT:

A cashier's check or money order for \$35.00, made payable to the State of Indiana, must accompany this application. DO NOT SEND CASH OR PERSONAL CHECKS. All fees are non-refundable.

The information in this document is confidential according to IC 5-14-3-4(b)8.

SECTION A - MUST BE COMPLETED BY SUPERINTENDENT - REQUEST FOR TRANSITION TO TEACHING

As superintendent of _____, school corporation number _____, I have read the rules and application guidelines for Transition to Teaching Permits, and certify that this corporation has been unable to secure a qualified licensed educator for the school year. The requirements for the Transition to Teaching Permit have been met and I hereby request a Transition to Teaching Permit for the person named in Section B. **Three options exist for school corporations seeking an instructional Transition to Teaching Permit (please check the option requested):**

Option A. Thirty-six (36) school corporations may obtain a Transition to Teaching Permit for any instructional content area. The list of these school corporations and the list of instructional content areas are found on **page 4**.

Name of the school corporation: _____ Content area requested: _____

School setting requested: _____

Option B. Any school corporation may obtain a Transition to Teaching Permit in any one of these shortage content areas:
(Please check the content area and school setting requested.)

Content areas

- | | | |
|---|--|--|
| <input type="checkbox"/> Mild Intervention | <input type="checkbox"/> Any world language | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Intense Intervention | <input type="checkbox"/> Chemistry | <input type="checkbox"/> English as a New Language |
| <input type="checkbox"/> Blind and Low Vision | <input type="checkbox"/> Earth / Space Science | <input type="checkbox"/> Technology Education |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Life Science | <input type="checkbox"/> Computer Education |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Physical Science | |

School settings

- | |
|---|
| <input type="checkbox"/> Pre-school (for Exceptional Needs only) |
| <input type="checkbox"/> Elementary Primary (for Exceptional Needs only) |
| <input type="checkbox"/> Elementary Intermediate (for Exceptional Needs only) |
| <input type="checkbox"/> Middle School / Junior High |
| <input type="checkbox"/> High School |
| <input type="checkbox"/> All Schools |

Option C. School corporations not listed in Option A may obtain a Transition to Teaching Permit in a non-shortage content area if they submit evidence on school letterhead of one or more of the following:

1. A change in student demographics requiring the school corporation to significantly change the instructional program.
2. A need for increased emphasis in the requested area to address learning gaps and improve student achievement as identified by ISTEP, AYP, and P.L. 221 results.
3. Proof that the school corporation is "hard to staff" as demonstrated by demographic data, including the complexity index of the school corporation, or the number or percentage of students in categories that are included in the complexity index.

In addition to the application form and the evidence of one of the three criteria listed above, **the school corporation will provide a written plan on how it will use the candidate.**

Content area requested: _____ School setting requested: _____

Name of Superintendent (*type or print*) _____ Date (*month, day, year*) _____

Address of corporation (*number and street, city, state, and ZIP code*) _____

Telephone number (*with area code*) _____

() _____

Signature of Superintendent _____

SECTION B - COMPLETED BY APPLICANT

Name (*last, first, middle, maiden*) _____

Social Security number*	* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.	Date of birth (<i>month, day, year</i>)
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Address (*number and street, city, state, and ZIP code*) _____

E-mail address	Telephone number (<i>with area code</i>) ()
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Degree(s)	Institution(s)
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SECTION C - SUPERINTENDENT VERIFICATION FORM

I verify that our school corporation has a shortage or emergency need for personnel in the teaching area(s) of

_____ . _____
Content area(s) School setting(s)

The situation(s) leading to the application of this Transition to Teaching Permit are described as follows:

Accordingly, we wish to employ _____ for this vacancy.
Name of applicant

This individual best fills the needs of our school corporation because

All appropriate alternatives have been exhausted in the attempt to fill this position with qualified licensed personnel.

Signature of Superintendent	Corporation	Date signed (month, day, year)
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**SECTION D - CRIMINAL HISTORY AND LOYALTY AFFIDAVIT
COMPLETED BY APPLICANT**

Have you ever had a credential, certificate or license to teach denied, revoked or suspended in Indiana or in any other state? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor other than minor traffic violations after January 15, 1994? Yes No

If the answer is Yes to question 1, 2 or 3, attach a written explanation and provide court records.

I certify that the information and documentation contained in my application, required for a license in Indiana, is true and accurate to the best of my knowledge and belief.

Indiana law requires the applicant to sign the loyalty affidavit and to retain a copy. Please photocopy the completed application and keep a copy for your records.

I solemnly swear (or affirm) that I will support the Constitution of the United States of America and the State of Indiana.

Signature of applicant	Date signed (month, day, year)
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**SECTION E - TRANSITION TO TEACHING VERIFICATION
COMPLETED BY INDIANA LICENSING ADVISOR**

No Transition to Teaching Permit will be issued without the Licensing Advisor's signature confirming the applicant's acceptance into your institution's Transition to Teaching program for the content area(s) requested.

As Licensing Advisor of _____, I certify that the teacher named
Name of institution
hereon has enrolled in an approved Transition to Teaching program to meet requirements for an Indiana license.

Name of teacher

Signature of Licensing Advisor	Date signed (month, day, year)
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Licensing Advisor: Please complete and sign **ONLY** if the applicant is enrolled in a Transition to Teaching program at your institution.

FOR OELD USE ONLY

CPR VERIFICATION	Gradation	Degree	Basis
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed	Transition to Teaching Permit	<input type="checkbox"/> 3 Bachelor <input type="checkbox"/> 4 Master <input type="checkbox"/> 5 Specialist <input type="checkbox"/> 7 Doctorate	Rules 2002
		College / State	
CONTENT AREA(S)		SCHOOL SETTING(S)	
Corporation number	Date of issue (month, day, year)	Expiration date (month, day, year)	
Date of limited criminal history report (month, day, year)		Initials of evaluator	

Rules and Policy for Transition to Teaching Permit Issuance Rules 2002

Transition to Teaching Permits: General Information

Transition to Teaching Permits may be granted as approved by the Office of Educator Licensing and Development, provided the following criteria have been met:

- Applications for the Transition to Teaching Permit shall be made through the employing school superintendent and include verification of an emergency need.
- The candidate holds the minimum of a Bachelor's Degree from a state or regionally accredited institution.
- All Transition to Teaching Permits will have an expiration date of **three (3) years** after the issue date.
- A \$35 money order, a valid Limited Criminal History report, verification of valid adult and child CPR / Heimlich maneuver certification from an approved provider, and an official transcript of the applicant's highest earned degree must accompany ALL applications for Transition to Teaching Permits.
- Applicants may, but are not required to, complete the mentoring portion of the Indiana Mentoring and Assessment Program (IMAP).
- Applications for the Transition to Teaching Permit must include confirmation by an Indiana Licensing Advisor of admittance into an **approved** Transition to Teaching program.
- Transition to Teaching permits may **not** be renewed.

Eligible School Corporations for Option A (page 1)

Anderson Community Schools	Greenfield-Central Community Schools	MSD Pike Township
Blue River Special Education Corporation	Indianapolis Department of Corrections	MSD Warren Township
Carmel Clay Schools	Indianapolis Public Schools	MSD Wayne Township
Diocese of Fort Wayne	Joint Ed. Services Ind. Special Education	New Albany-Floyd County Consol. Corporation
Diocese of Gary	Kokomo-Center Township Consol. Corporation	Northwest Indiana Special Education Coop.
Diocese of Lafayette Schools	LaPorte Community Schools	Office of Catholic Education
Elkhart Community Schools	Logansport Community Schools	Porter County Education Interlocal
Evansville-Vanderburgh Schools	Madison Area Ed. Special Services	Richmond Community School Corporation
Fort Wayne Community Schools	Michigan City Area Schools	School City of East Chicago
Gary Community Schools	Monroe County Community Schools	School City of Hammond
Goshen Community Schools	MSD Lawrence Township	School City of Mishawaka
Greater Clark County Schools	MSD Perry Township	South Bend Community Schools.

Instructional Content Area(s)

Business Education	Fine Arts: Theater Arts	Science: Earth Space Science
Career and Technical Education <i>(please specify licensing area)</i>	Fine Arts: Visual Arts	Science: Life Science
Computer Education	Fine Arts: Vocal and General Music	Science: Physical Science
Driver and Traffic Safety Education	Gifted and Talented Education (High Ability)	Science: Physics
Elementary: Intermediate Generalist	Health	Social Studies: Economics
Elementary: Primary Generalist	Journalism	Social Studies: Geographical Perspectives
English as a New Language	Language Arts	Social Studies: Government and Citizenship
ENL: Bilingual / Bicultural	Library / Media	Social Studies: Historical Perspectives
Exceptional Needs: Blind and Low Vision	Mathematics	Social Studies: Psychology
Exceptional Needs: Deaf and Hard of Hearing	Physical Education	Social Studies: Sociology
Exceptional Needs: Intense Intervention	Physical Education Adaptive PE	Technology Education
Exceptional Needs: Mild Intervention	Preschool Generalist	World Language <i>(specify languages)</i>
Fine Arts: Dance	Reading	_____
Fine Arts: Instrumental and General Music	Reading Specialist	_____
	Science: Chemistry	_____