

**HAZLEHURST CITY SCHOOL DISTRICT**  
*119 Robert McDaniel Drive  
Hazlehurst, MS 39083*

*Mr. Cloyd Garth Jr., Superintendent*

*Phone: (601)894-1152*

*Fax: (601) 894-3170*

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**SPECIAL – NONRENEWABLE CHECKLIST**

The checklist below will be used to help determine who qualifies for the district's recommendation of a Special Non-Renewable License from MDE.

- \_\_\_\_\_ 1. Completed Local District Request Application Packer
- \_\_\_\_\_ 2. Minimum of a bachelor's degree in the area in which the license is requested
- \_\_\_\_\_ 3. Official Educational Transcript(s)
- \_\_\_\_\_ 4. Vita or Resume
- \_\_\_\_\_ 5. Documentation verifying enrollment in or completion of a standard or alternate route teacher education program on or after JANUARY 1, 2014 from the state of MS

***\*Documentation must be on the institution's letterhead***

**Special, Non-renewable License**  
Local District Request Application Packet

**General Instructions**

The special, non-renewable educator license will allow candidates currently enrolled in or completing a standard or alternate route teacher education program to apply for a license, although the candidate has not yet met all certification requirements under Miss. Code Ann. § 37-3-2(6)(a), (b), and (c), at the time the application is submitted. The special, non-renewable educator license will also provide local school districts with the option(s) of more qualified candidate(s) as a result of the ongoing teacher shortage in Mississippi. The special, non-renewable educator license will allow the candidate three (3) years to meet all certification requirements for a standard, five (5) year license.

A candidate shall meet the following criteria to be granted a special, non-renewable educator license:

- a) Minimum of a bachelor's degree in the area in which the license is requested;
- b) Documentation verifying the candidate is enrolled in or has completed a standard or alternate route teacher education program on or after January 1, 2014, from the state of Mississippi;
- c) Local District Request Packet submitted by the District;
- d) Letter of request and justification from the District;
- e) Completed licensure application;
- f) Official sealed transcript(s); and
- g) Vita or resume.

The special, non-renewable educator license is non-transferable between districts during the three (3) year period and will require an annual application process to verify progress towards meeting all certification requirements for a standard, five (5) year license. For example, if a candidate is employed one (1) year and wishes to transfer to another school district to teach, the license is not valid, unless a new application is received by the District in which the candidate wishes to transfer. If the educator is non-renewed by the district after the first year, the educator will not be issued a license for another district for the remaining two (2) years.

Additional endorsements may not be added to the special, non-renewable educator license. Additional endorsements will be added to the license once the candidate has met all certification requirements for a standard, five (5) year license.

**Special, Non-renewable License**  
Local District Request Application Packet

The Special, Non-renewable Licensure Application request packet submitted to the Office of Educator Licensure must include the following documents:

1. Standard Licensure Application
2. Local District Request Application for One (1) Year Special, Non-renewable License
3. Letter of request and justification from the District
4. Letter from the university verifying the candidate is enrolled in or has completed a standard or alternate route teacher education program on or after January 1, 2014, from the state of Mississippi
5. Official sealed transcript(s), original test scores, and/or other specified documents necessary for requested endorsement
6. Vita or resume

*Note: It is not necessary to resubmit transcript(s) or test scores that are already on file.*

Please **MAIL or Deliver** completed packets to:  
Office of Educator Licensure  
Mississippi Department of Education  
P. O. Box 771  
Jackson, MS 39205-0771

**Do Not Fax** Application Packets. Incomplete/Faxed packets will be returned to the local school district with no action taken.

*Note: Educators Holding the One (1) Special, Non-renewable License **May Not Be Reported as Highly Qualified** in the requested subject area.*

**THREE-YEAR CERTIFICATION**  
**SPECIAL, NON-RENEWABLE LICENSE**  
*(obtained by district request only)*

*The special, non-renewable educator license will allow candidates currently enrolled in or completing a standard or alternate route teacher education program to apply for a license, although the candidate has not yet met all certification requirements under Miss. Code Ann. § 37-3-2(6)(a), (b), and (c), at the time the application is submitted. The special, non-renewable educator license will allow the candidate three (3) years to meet all certification requirements for a standard, five (5) year license.*

<u>License</u>	<u>Requirements</u>	<u>Validity</u>	<u>Renewal</u>
Class A	<ol style="list-style-type: none"> <li>1. <u>Minimum of a bachelor’s degree in the area in which the license is requested</u></li> <li>2. <u>Documentation verifying the candidate is enrolled in or has completed a standard or alternate route teacher education program on or after January 1, 2014, from the state of Mississippi</u></li> <li>3. <u>Local district request packet submitted by the District</u></li> <li>4. <u>Letter of request and justification from the District</u></li> <li>5. <u>Completed licensure application</u></li> <li>6. <u>Official sealed transcript(s)</u></li> <li>7. <u>Vita or resume</u></li> </ol>	3 Years	<u>Renewable up to three (3) years</u>  <u>Requires annual application process</u>  <u>Non-transferrable unless a new application is received</u>

**Note: Additional endorsements may not be added to the special, non-renewable educator license. Additional endorsements will be added to the license once the candidate has met all certification requirements for a standard, five (5) year license.**

## Licensure Application

(Must be **LEGIBLY** completed and submitted with all licensure requests.)

### Applicant Information

Social Security Number: _____				
Name _____				
Last	First	Middle/Maiden		
Address: _____				
Street/P.O. Box			Apt.#	
City		State	Zip	
Phone Number _____	Birth date _____	Gender _____		
<b>Ethnicity:</b> (Ethnicity information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. Your cooperation in providing this information is appreciated.)				
American Indian	Alaskan Native	Asian	Black—non-Hispanic	
White—non-Hispanic	Hispanic	Pacific Islander	Other	

### Licensure Request

<p><b>Class of license for which you are applying:</b>  <input type="checkbox"/> A (Bachelor)    <input type="checkbox"/> AA (Master)    <input type="checkbox"/> AAA (Specialist)    <input type="checkbox"/> AAAA (Doctorate)  <i>* Note: Any license with a validity period less than 5 years is issued at the Class A level.</i></p> <p><b>Type of License (See <i>Licensure Checklist</i> for descriptive information.)</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Approved Program/Teacher Education Route</td> <td><input type="checkbox"/> Duplicate</td> </tr> <tr> <td><input type="checkbox"/> Subject Area (s): _____</td> <td><input type="checkbox"/> Reciprocity</td> </tr> <tr> <td><input type="checkbox"/> Alternate Route</td> <td><input type="checkbox"/> Renewal</td> </tr> <tr> <td><input type="checkbox"/> Subject Area (s): _____</td> <td><input type="checkbox"/> Reinstatement</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Supplemental Endorsement Subject Area(s) _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Administrator License (Check level of license)    <input type="checkbox"/> Non-practicing    <input type="checkbox"/> Entry    <input type="checkbox"/> Career</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Local District Request (<b>Requested by Local District Only</b>)    <input type="checkbox"/> One Year License    <input type="checkbox"/> 1-yr Special, Non-renewable License</td> </tr> </table>	<input type="checkbox"/> Approved Program/Teacher Education Route	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Subject Area (s): _____	<input type="checkbox"/> Reciprocity	<input type="checkbox"/> Alternate Route	<input type="checkbox"/> Renewal	<input type="checkbox"/> Subject Area (s): _____	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Supplemental Endorsement Subject Area(s) _____		<input type="checkbox"/> Administrator License (Check level of license) <input type="checkbox"/> Non-practicing <input type="checkbox"/> Entry <input type="checkbox"/> Career		<input type="checkbox"/> Local District Request ( <b>Requested by Local District Only</b> ) <input type="checkbox"/> One Year License <input type="checkbox"/> 1-yr Special, Non-renewable License		<p style="text-align: center;"><b>Military Experience</b></p> <p style="text-align: center;"><small>(Check, if applicable)</small></p> <input type="checkbox"/> Army <input type="checkbox"/> USAF <input type="checkbox"/> Navy <input type="checkbox"/> USMC <input type="checkbox"/> Reserve <input type="checkbox"/> MSNG <input type="checkbox"/> Coast Guard
<input type="checkbox"/> Approved Program/Teacher Education Route	<input type="checkbox"/> Duplicate														
<input type="checkbox"/> Subject Area (s): _____	<input type="checkbox"/> Reciprocity														
<input type="checkbox"/> Alternate Route	<input type="checkbox"/> Renewal														
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<input type="checkbox"/> Administrator License (Check level of license) <input type="checkbox"/> Non-practicing <input type="checkbox"/> Entry <input type="checkbox"/> Career															
<input type="checkbox"/> Local District Request ( <b>Requested by Local District Only</b> ) <input type="checkbox"/> One Year License <input type="checkbox"/> 1-yr Special, Non-renewable License															

### Character Determination

**Check “yes” or “no” to the left of each question.**

yes  no    Are you currently addicted or currently dependent on alcohol?

yes  no    Are you currently addicted or currently dependent on other habit-forming drugs?

yes  no    Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?

yes  no    Have you been convicted or pled guilty to a felony as defined by federal or state law?\*\*\*  
 (For the purpose of this question, a “guilty plea” includes a plea of guilty, entry of a plea of *nolo contendere*, or entry of an order granting pretrial or judicial diversion.)

yes  no    Have you been convicted or pled guilty to a sex offense as defined by federal or state law?\*\*\* (For the purpose of this question, a “guilty plea” includes a plea of guilty, entry of a plea of *nolo contendere*, or entry of an order granting pretrial or judicial diversion.)

yes  no    Are you currently on probation or post-release supervision for a felony or sex offense conviction as defined by federal or state law?\*\*\*

yes  no    Have you had a certificate/license denied, suspended, and/or revoked by MS or another state? Have you voluntarily surrendered a certificate/license?

*If you answered “yes” to any of the above provide on a separate sheet of paper the specifics or an explanation for the response. If you elect not to provide specifics or if such an explanation is insufficient, a confidential investigation will be initiated.*

*\*If you answered “yes” submit official copies of court record including disposition of case.*

**I acknowledge that securing or attempting to secure a license by fraud or deceit will result in denial of this application or suspension of the license.**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**2017-18 LOCAL DISTRICT REQUEST**  
**Special, Non-renewable License**

1. Social Security # \_\_\_\_\_
2. Name \_\_\_\_\_
- Last*                      *First*                      *Middle*                      *Maiden*
3. License # \_\_\_\_\_                      4. Degree(s) \_\_\_\_\_
5. Years of teaching-related experience \_\_\_\_\_
6. License Requested:  
Endorsement Code: \_\_\_\_\_                      Area (Descriptive Title) \_\_\_\_\_
7. Special Education Request:  
A. Type of Program (resource, self-contained, etc.) \_\_\_\_\_  
B. Level of Instruction: Elementary \_\_\_\_\_ Secondary \_\_\_\_\_  
C. Level of Disability (mild/moderate, severe, etc.) \_\_\_\_\_
8. Classes to be taught by individual filling this position:
- |          | First Semester | Second Semester |
|----------|----------------|-----------------|
| Period 1 | _____          | _____           |
| Period 2 | _____          | _____           |
| Period 3 | _____          | _____           |
| Period 4 | _____          | _____           |
| Period 5 | _____          | _____           |
| Period 6 | _____          | _____           |
| Period 7 | _____          | _____           |
9. School District # \_\_\_\_\_                      10. District Phone # \_\_\_\_\_
11. Name and Address of School District \_\_\_\_\_  
\_\_\_\_\_
12. Reasons for this request: \_\_\_\_\_  
\_\_\_\_\_

**SUPERINTENDENT'S SIGNED STATEMENT**

*I, as superintendent of the above named school district, verify that there is not a highly qualified applicant available for the position for which this license is requested.*

**Action approved by the Board of Trustees of the School District: Date \_\_\_\_\_**

**Superintendent's Signature: \_\_\_\_\_ Date \_\_\_\_\_**