Tennessee Department of Education

OCCUPATIONAL WORK EXPERIENCE AND QUALIFICATION

The information listed below is to be completed when applying for the practitioner occupational license and/or adding an occupational endorsement. Upon completion, the educator must upload this completed form in www.TNCompass.org to the Attachments section on the Licensure tab of their educator profile. This form will not be accepted via mail or email.

PERSONAL DATA			
Last Name	**First Name**	**Middle/Maiden Name**	**Email Address**

EDUCATIONAL DATA					
Level of Education/Training	**Name of School or Organization**	**City**	**State**	**Diploma or Degree Awarded**	**Date/Year Awarded (MM/YY) Mark NO if no graduation date or certificate awarded**
High School					
College (including TCAT or other Postsecondary training)					
College (including TCAT or other Postsecondary training)					
Graduate School/Other					

Experience Record: Use this chart to record work experience obtained within the past ten years that is relevant to the occupational endorsement area the applicant is seeking.

EXPERIENCE RECORD							
			Employed From:		**Total Time Employed:**		
Name of Company/Employer	**Title/ Position**	**City, State**	Beginning Date Month/Year	Ending Date Month/Year	Total Years	Total Months	**Full Time or Part Time**
1.							
Duties Performed and Equipment Used:							

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EXPERIENCE RECORD, continued							
			Employed From:		Total Time Employed:		
Name of Company/Employer	**Title/ Position**	**City, State**	Beginning Date Month/Year	Ending Date Month/Year	Total Years	Total Months	**Full Time or Part Time**
2.							
Duties Performed and Equipment Used:							
3.							
Duties Performed and Equipment Used:							
4.							
Duties Performed and Equipment Used:							

To be signed by the applicant:

By my signature, I certify that the educational history and work history shared in this document are true and accurate, to the best of my ability.

Signature _____ Date _____

To be signed by an authorized official from the educational provider or local education agency (LEA):

By my signature, I certify that the educational history and work history shared by this candidate appear to be true and accurate.

Signature _____ Title _____ Date _____

Check one of the following: ☐ EPP ☐ LEA Institution Name _____