

Teacher Professional License Renewal Form

Please complete this form in its entirety to renew your teaching license. Ensure all information is accurate and up to date.

Full Name

License Number

Current License Expiration Date

MM/DD/YYYY

Contact Information

Mailing Address

Email Address

Phone Number

Current School/Employer

Professional Development Activities (past renewal period)

List completed coursework, seminars, workshops, etc.

Background Check

I certify that I have not been convicted of any crimes that would disqualify me from holding a professional teaching license.

Applicant Signature

Sign here

Date

MM/DD/YYYY

[Print Form](#)