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**EXTENSION OF AN INITIAL LICENSE**

**INTENT**

The Initial license is valid for five years of employment and may be renewed (extended) at the discretion of the Commissioner for an additional five years. The Initial license is equivalent to a provisional educator certificate with advanced standing as defined in M. G. L. c. 71, § 38G.

If you have been employed under an Initial license, are in your fifth (5) year of employment, and have not yet satisfied the requirements for advancing to the Professional license; you have the option of applying for an Extension of your Initial license. Under a license is defined here as meaning employment in the role and at the grade of the license from the date it was issued. Below is a checklist of what is needed to apply for and obtain an Initial-Extension license.

**Checklist:**

* **Apply for the Initial Extension ($25):** Apply Online via [ELAR](https://gateway.edu.state.ma.us/elar/common/EducatorWelcomePagePageControl.ser), complete the application and submit payment **or** if you would prefer you can download a hardcopy of the [application](http://www.doe.mass.edu/licensure/academic-prek12/pk12-application-package.docx) from our website; [www.doe.mass.edu/licensure/](http://www.doe.mass.edu/licensure/).
* **Submit the enclosed Verification of Initial Extension Plan and MA School-based Employment form.**

Please note: if you have been employed under your Initial license in multiple school districts or schools then you can verify your additional employment by submitting any of the following:

* An additional Verification of Initial Extension Plan and MA School-based Employment form (see attached);
* A Verification of School Based Employment/Induction and Mentoring form found at <https://www.doe.mass.edu/licensure/resources/form-verify-sb-employ-induction-mentor.docx> or
* A letter from the school/school district that provided the employment. The letter must be on school/school district letter head and be signed by a superintendent, assistant superintendent, principal, HR director, or equivalent position in a non-public educational setting. In addition, the letter must state the field and grade level of the initial license you were employed under and the beginning and ending dates of the employment.

*If your employment was less than full-time then please have the employer state the full-time equivalency (e.g., amount of hours you were employed in a year under your initial license ÷ normal amount of hours in a year for you to be employed full time under your Initial license, 900 hours ÷ 1,500 hours = .6 full-time equivalency).*

*If you are pursuing Professional licensure via the Commissioner’s Determination process, additional information can be found in the* [*Commissioner’s Determination Guide.*](https://www.doe.mass.edu/licensure/academic-prek12/cd-advisory.docx)

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| MA State Seal | Massachusetts Department of Elementary and Secondary Education | |
| Office of Educator Licensure | Telephone: (781) 338-6600 |
| 135 Santilli Highway, Everett, MA 02149-1962 | TTY: .NET. Relay (800) 439-2370 |

**Verification of Initial-Extension Plan and School Based Employment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Part 1:** (To be completed by educator)**: Verification of Educator’s Initial-Extension Plan** | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | | | | | | | | |  |  | | | | | | |  | |
|  | | **First and Last Name (please print)** | | | | | | | | | | |  | **MA Educator License# or MEPID#** | | | | | | |  | |
| plan to complete the requirements for Professional Licensure, as noted in the Regulations for Educator Licensure and Preparation Program Approval 603 CMR 7.00, found by visiting:([www.doe.mass.edu/lawsregs/603cmr7.html](http://www.doe.mass.edu/lawsregs/603cmr7.html)), | | | | | | | | | | | | | | | | | | | | | | |
| For: | | |  | | | | | | | , within the next five years of employment under an extension of my Initial license. | | | | | | | | | | | | |
|  | | | **License Employed Under (e.g., Biology, 5-8)** | | | | | | | |  | | | | | | | | | | | |
| If my Initial license is one that may require me to pursue the Professional license via the Commissioner’s Determination (CD), then I will comply with the outcome of the Commissioner’s Determination process. For example, I hold a license in a field and/or grade level that the Department has discontinued. Further information regarding the Commissioner’s Determination can be found by visiting: <https://www.doe.mass.edu/licensure/academic-prek12/cd-advisory.docx> | | | | | | | | | | | | | | | | | | | | | | |
| Educator’s signature: | | | | | | | |  | | | | | | | | | Date: | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Part 2:** (To be completed by School Administrator for the above noted educator)**: Verification of Educator’s School Based Employment for an Initial-Extension** | | | | | | | | | | | | | | | | | | | | | | |
| **Name of School** | | | | | | | | | **MA School District**  (city/town if not a district) | | | List **Field and Grade Level of the MA License** Employed Under (e.g., History 5-8) | | | | | | **Employment** | | | | **FTE**\*  (If Not Full-Time) |
| Start Date (M/D/ YY) | | End Date  (M/D/YY) Or Present | |
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| The employment verified above for this educator was successfully completed in Massachusetts as attested by my signature in the role of: | | | | | | | | | | | | | | | | | | | | | | |
| Please check one: | | | | | | ( ) Superintendent | | | | | ( ) Asst. Superintendent | | | | | | ( ) Principal | | | ( ) HR Director | | |
| Name (please print): | | | | | | |  | | | | | | | | | | | | | |  | |
| Signature: | | | |  | | | | | | | | | | | Date: |  | | | | |  | |
| Telephone #: | | | | |  | | | | | | | | | | Email: |  | | | | |  | |
| *Note: The educator’s employment is only to be verified by the provider of the employment. If you are employed in a non-public educational setting in an administrative role equivalent to one of the above, then please check the appropriate role. \*If the employment noted above was not full-time then please state the full-time equivalency (for example, .6.) The Department may contact you if any clarification is needed.* | | | | | | | | | | | | | | | | | | | | | | |
| **Please note:** This document can be uploaded directly into your ELAR account. | | | | | | | | | | | | | | | | | | | | | | |