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

**EXTENSION OF A PRELIMINARY VOCATIONAL EDUCATOR LICENSE**

The Preliminary Vocational Educator license is valid for five years of employment and may be extended at the discretion of the Commissioner for an additional five years as a result of an extreme hardship.

If you have been employed under a Vocational Educator Preliminary license for the five year validity period or for more than 4‐1/2 years and have not yet satisfied the requirements for advancing to the Professional license, you have the option of applying for a Preliminary-Extension license. Employment under a license is defined here as meaning employment in the role and at the grade of the Preliminary license from the date it was issued.

**Checklist for Extension of a Vocational Preliminary License:**

* Apply for the Preliminary-Extension license ($25): [Apply Online via ELAR](https://gateway.edu.state.ma.us/elar/common/EducatorWelcomePagePageControl.ser), and submit payment **or** you may download a hardcopy of the [application](https://www.doe.mass.edu/licensure/voctech/application-package.docx) from our website; [www.doe.mass.edu/licensure/](http://www.doe.mass.edu/licensure/).
* Submit the enclosed Verification of Preliminary-Extension Plan and School Based Employment Form. Note that Part 1 must be completed by the educator and Part 2 must be completed by the employing school district.

**If you are not submitting the Verification of Preliminary-Extension Plan and School Based Employment form, the please submit the following:**

* A letter signed by the applicant that states the following: “I (insert name) agree to complete the requirements for a Professional (insert field and grade level) license, as noted in the Regulations for Educator Licensure and Preparation Program Approval 603 CMR 4.00, within the five years of employment allowed under the Preliminary-Extension.”
* A completed Employment Verification Form found at: <http://www.doe.mass.edu/licensure/resources/form-verify-sb-employ-induction-mentor.pdf> or a letter verifying your years of employment under the Preliminary License.The letter must be on official school or district letterhead and be signed by a superintendent, assistant superintendent, principal, or HR director and should state the license field and grade level that you were employed under and the dates of employment.

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

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| **Part 1:** (To be completed by educator)**: Verification of Educator’s Preliminary-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 4.00, found by visiting:( <http://www.doe.mass.edu/lawsregs/603cmr4.html>), |
| For: |  | , within the next five years of employment under an extension of my Preliminary license. |
|  | **License Employed Under (e.g., Programming and Web Development, 9-14)** |  |
| 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 a Preliminary-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., Carpentry, 9-14) | **Employment** | **FTE**\* (If Not Full-Time) |
| Start Date (M/D/ YY) | End Date(M/D/YY) Or Present  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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. For directions, please visit [www.doe.mass.edu/licensure/](http://www.doe.mass.edu/licensure/)and select the [How to Use the ELAR Portal](http://www.doe.mass.edu/licensure/elar/) link in the left navigational bar. |