



Massachusetts Department of Elementary and Secondary Education

Office of Educator Licensure
75 Pleasant Street, Malden, Massachusetts 02148-4906

(781) 338-6600
TTY: N.E.T. Relay (800) 439-2370



EXTENSION OF AN INITIAL LICENSE INTENT

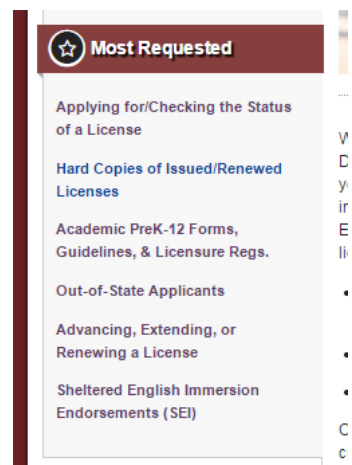
The Initial license is valid for five years of employment and may be renewed (extended) at the discretion of the Commissioner for an additional five years. The Initial license is equivalent to a provisional educator certificate with advanced standing as defined in M. G. L. c. 71, § 38G.

If you have been employed under an Initial license for the five year validity period or for greater 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 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. In addition, a form has been included for your convenience that may be used to verify that you plan to meet requirements for the Professional license.

Checklist:

- ✓ **Apply for the Initial license again (\$25):** [Apply Online via ELAR](#), choose Initial and you will be asked whether you wish to extend your initial license. After selecting “Yes”, complete the application and submit payment or if you would prefer you can download a hardcopy of the [application](#) from our website; www.mass.gov/ese/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
- A Verification of School Based Employment/Induction and Mentoring form found at <http://www.mass.gov/edu/docs/ese/educator-effectiveness/licensing/form-verification-sb-employment-induction-mentoring.pdf>
- 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.



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Verification of Initial-Extension Plan and School Based Employment

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: (<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: <http://www.mass.gov/edu/docs/ese/educator-effectiveness/licensing/guidelines-commissioners-determination.pdf>.

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	

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) **Where licensure is required by law for the above noted employment. 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.mass.gov/ese/licensure and select the How to Use the ELAR Portal link in the left navigational bar.