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| MA State Seal | Massachusetts Department of Elementary and Secondary Education | | |
| Office of Educator Licensure | Telephone: (781) 338-6600 |
| 75 Pleasant Street, Malden, Massachusetts 02148-4906 | 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](http://www.mass.gov/edu/docs/ese/educator-effectiveness/licensing/pk12-application-package.pdf) from our website; [www.mass.gov/ese/licensure](http://www.mass.gov/ese/licensure).
* Submit either the Employment Verification Form found at: <http://www.mass.gov/edu/docs/ese/educator-effectiveness/licensing/form-verification-sb-employment-induction-mentoring.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.
* Submit either the VOCATIONAL PRELIMINARY-EXTENSION PLAN AND EXTREME HARDSHIP VERIFICATION form found on the following page or a signed and dated letter explaining the extreme hardship that prevented you from completing the requirements for Professional licensure and your plan to complete them within the five years of employment allowed under the Preliminary-Extension license.

*If you are not submitting the VOCATIONAL PRELIMINARY-EXTENSION PLAN AND EXTREME HARDSHIP VERIFICATION form then please ensure that the letter containing your plan 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 license."*

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**VOCATIONAL PRELIMINARY-EXTENSION PLAN AND EXTREME HARDSHIP VERIFICATION**

PRELIMINARY-EXTENSION PLAN

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**First and Last Name Educator License# or MEPID#**

agree to complete the requirements for my Professional Vocational Educator Licensure, as noted in the Regulations for Vocational Technical Education 603 CMR 4.00, found by visiting:

**(**<http://www.doe.mass.edu/lawsregs/603cmr4.html>**),**

For the: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**Field, Grade Level (Example: Carpentry, 9-14)**

license within the next five years of employment under an extension of my Preliminary license.

EXTREME HARDSHIP EXPLANATION

In the space provided below, please explain the extreme hardship that prevented you from obtaining a Professional license in the field and at the grade level of the Preliminary license extension sought. Please note that you will also need to submit verification of more than 4 ½ years of employment under the Preliminary license you wish to extend.

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**Applicant’s Signature** **Month Day Year**

**Please note:** This document can be uploaded directly into your ELAR account.

For directions, please visit [www.mass.gov/ese/licensure](http://www.mass.gov/ese/licensure) and select the How to Use the ELAR Portal link in the left navigational bar.