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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: N.E.T. Relay (800) 439-2370 |

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| **Educator Licensure Application Change Request** | | | | | | |
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| First Name *(Please Print)* | | Last Name *(Please Print)* | | | MI | |
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| Mailing Address *(Please Print)* | | | | | | |
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| MEPID, License, **or** Social Security Number | | | Email Address (mandatory) | | | Phone Number |
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| *To Whom It May Concern:*  *I am officially requesting the following change(s) to my Massachusetts Educator License Application. I understand that the following parameters apply to licensure application change requests:*   * *If an application has ALREADY been reviewed by an evaluator, changes can only be made to the Type (ex. Provisional, Initial, etc.).**Field and Grade Level cannot be changed and I would need to apply for the license;* * *If an application has NOT yet been reviewed changes can be made to the Field, Grade Level, and/or type;* * *If a license is already approved, changes cannot be made to the license.* | | | | | | |
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| **Requested Change** | **From:** | | | **To:** | | |
| Please include Licensure **Field** (Content/Subject Area), **Grade Level** (1-6, 5-8, 9-12, etc.), and **Type** (Temporary, Provisional, Initial or Professional) |  | | |  | | |
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|  | | | |  | | |
| Signature: | | | | Date: | | |
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| **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 link in the left navigational bar. | | | | | | |