

PRISM Educational Consultants
District-Based Teacher Licensure Program
Candidate's Application for Admission

1. Last Name _____ First Name _____ M.I. _____
2. Social Security Number _____
3. E-mail Address _____
4. Address _____
- City/Town _____ State _____ Zip Code _____
5. Home Telephone _____ Work Telephone _____
6. Do you have a teacher's license in MA? Yes No. If yes, title and number: _____
7. License being sought: Subject area: _____ Level: _____
- Academic Credits earned in the subject area/discipline:
Baccalaureate level credits: _____
Masters level credits: _____
8. How many years of teaching experience do you currently have? _____
9. Are you currently teaching in a school district? _____
- If yes, School District _____ Subject area _____
10. MTEL Score or scheduled date to take the test. _____
11. Subject Matter Test Score or scheduled date to take the test. _____

Signature

Date

Required documents:

1. Official Transcripts
2. Three letters of recommendation on official stationary stating your interest in the PRISM 5-12 Licensure Program
3. MTEL test score
4. MA Subject Matter test score
5. Completed Application Form
6. \$50.00 non-refundable application fee
7. \$125.00 processing fee for District Based Licensure Program
8. Resume, Signed and Dated