

**State of Nevada
Department of Education
Office of Teacher Licensure**

License Extension Request Form

<u>Personal Information</u>		
License # or SS # _____		Phone # _____
License Expiration Date _____		Requesting Extension Until _____
Name _____		
Last	First	MI
Address _____		
Street	City	State/ Zip
Email Address _____		

<u>Employment Information</u>		
<input type="checkbox"/> Substitute teaching license only	<input type="checkbox"/> Check if not currently employed in Nevada	
District _____	School Name _____	School Phone # _____
<input type="checkbox"/> 12 month track	<input type="checkbox"/> Traditional 9 month track	<input type="checkbox"/> Extended 9 month track

<u>License Provision Information</u>		
Indicate which of the following provisions remain on your license:		
PPST	<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math	<input type="checkbox"/> PLT <input type="checkbox"/> Specialty Area Testing
	<input type="checkbox"/> Nevada School Law	<input type="checkbox"/> Nevada Constitution <input type="checkbox"/> U.S. Constitution
	<input type="checkbox"/> Provisional coursework	<input type="checkbox"/> Coursework for renewal

Please review the criteria for receiving an extension (NAC 391.077). Please indicate which of the regulations (1-10) that qualify you for an extension and provide a written rationale for that request. If you are requesting an extension under regulations 7, 8, or 9, please attach additional sheets and / or medical documentation to support your request.

Under regulation # _____, I feel that I qualify for an extension for the following reasons:

Signature of Licensee

Date