

## Minnesota Out-of-field Permission Application

### Application General Information and Checklist

**General Information:** An out-of-field permission (OFP) authorizes a teacher who holds a Tier 2, 3, or 4 license to teach in a field outside their licensed field(s). Related service professionals are not eligible for an OFP. An out-of-field permission is valid for up to one school year and expires on June 30 of the expiration year. A teacher may have a total of five out-of-field permissions in a lifetime. An initial OFP must be advertised for a minimum of 15 days on a board-approved Minnesota state job board. Additional OFP's for the same teacher must be advertised for a minimum of 60 days on a board-approved statewide job board. **Note** that the hiring district must repost a position for an additional 15 days if an applicant accepts the position but later turns it down. **Out-of-field applications may be submitted at any time during the school year, but is valid from the time of submission until June 30 of the expiration school year and may include summer or extended school year, if requested. For the upcoming school year, an OFP may be submitted on or after July 1.**

#### ALL APPLICATIONS MUST INCLUDE THE FOLLOWING TO BE CONSIDERED

*Partial or incomplete packets will be returned to the applicant for completion and resubmission.* Review and check each of the following questions to ensure you have completed the paperwork accurately. Please ensure that the application is legible to avoid delays. If possible, entries should be typed.

- Section 1: District Identification Information**
  - Complete and accurate information must be provided in order to allow efficient communication with the district.
- Section 2: Out-of-field Permission Request.**
  - Include all information about the teacher's current license including teacher name, file folder number, current licensure field(s) with grade level, and expiration date.
  - Indicate the licensure field, grade level and the percentage fulltime for each licensure field requested.
  - Complete submission period school year, with beginning and end dates. Indicate if the OFP is being requested for summer school or extended school year.
- Section 4: District Verification for an Out-of-field Permission**
  - For initial/first-time applicants: the position must be posted for a minimum of 15 days on a board-approved statewide job board before applying for the OFP.
  - For existing license holders: the position must be posted for a minimum of 60 days on a board-approved statewide job board before applying for the OFP.
  - When completing Part C a and b, only include applicants that are licensed in the licensure field requested in Section 2. For example, if the OFP request is for Autism Spectrum Disorders (ASD), only include applicants that are licensed in ASD. If no applicants are licensed in the requested field, enter zero.
- Completed application, including signature and date.**
  - **District Signature:** the superintendent, director, charter school administrator, or human resources director must sign and date the permission form verifying compliance with Minnesota Rule 8710.0320 and ensuring accurate information has been conveyed.
  - **Applicant Signature:** the applicant must sign and date the permission indicating approval of the OFP.

#### PARTIAL OR INCOMPLETE APPLICATIONS WILL BE RETURNED

# Out-of-field Permission Request

**GENERAL INFORMATION AND INSTRUCTIONS:** An out-of-field permission (OFP) authorizes a licensed Tier 2, 3, or 4 teacher to teach in a field outside their licensure field(s) or grade level(s). No more than five out-of-field permissions shall be granted in a lifetime. An OFP is valid for up to one school year. Before submitting the application, ensure the request is fully completed according to the instructions.

Please [email](mailto:SPECIAL.PERMSSION.PELSB@STATE.MN.US) the request to **SPECIAL.PERMSSION.PELSB@STATE.MN.US**. More information can be found on the PELSB [website](https://mn.gov/pelsb/) at <https://mn.gov/pelsb/>.

## Section 1: District Identification Information

<b>District Name:</b>	<b>District Six-digit Number (xxxx-xx):</b>
<b>District Contact Name and Title:</b>	<b>District Contact Telephone Number:</b>
<b>District Contact Email Address:</b>	

## Section 2: Out-of-field Permission Request

<b>Teacher's Name:</b>	<b>File Folder Number:</b>	<b>Current Licensure Field/Grade Level:</b>	<b>Expiration Date:</b>
<b>General Education Out-of-field Permission</b>			<b>Special Education Out-of-field Permission</b>
License Field(s)	Grade Level	% FTE	License Field(s)
			Academic and Behavior Strategist (ABS)
			Autism Spectrum Disorder (ASD)
			Blind/Visual Impaired (BVI)
			Deaf/Hard of Hearing (DHH)
			Oral/Aural Deaf Education
			Developmental Adaptive PE (DAPE)
			Developmental ( <i>Cognitive</i> ) Disabilities (DD)
			Early Childhood Special Education (ECSE)
			Emotional Behavior Disorders (EBD)
			Learning Disabilities (LD)
			Physical and Health Disabilities (PHD)

**Submission Period:** Requests for the upcoming school year may be submitted on or after July 1. **Term of Request:** Requests cannot exceed one school year. Indicate if the assignment includes summer school/extended school year (ESY) by checking the box below.

School Year:	Start Date:	End Date:	Request includes summer school/ESY: <input type="checkbox"/>
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## Section 3: State Action (for state use only)

Out-of-field permission for teacher assignment shown above is granted from: \_\_\_\_\_ to \_\_\_\_\_

1<sup>st</sup> OFP       2<sup>nd</sup> OFP       3<sup>rd</sup> OFP       4<sup>th</sup> OFP       5<sup>th</sup> OFP

This OFP is denied because:

PELSB Authorized Signature and Date:

## Section 4: District Verification for an Out-of-field Permission

**Answer parts 1, 2, and 3 below as it pertains to the application.** For an initial hire request, the position must be advertised for a minimum of 15 days on a PELSB approved Minnesota state job board before an application can be submitted. For a renewal request, the position must be posted for at least 60 days on a PELSB approved Minnesota state job board.

Incomplete applications will be returned and delay the PELSB review process. All applications must be legible. If possible, please type information into the form to avoid delays.

<p>1. Is the request for an internal hire? (Check one)</p> <p><input type="checkbox"/> Yes    If yes, complete parts 2, A, and 3</p> <p><input type="checkbox"/> No     If no, complete parts 2, B <b>OR</b> C, and 3</p>	<p>2. Number of <b>DAYS</b> the position was posted on Statewide Job Board (EdPost):</p>
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A. Time period the internal hire has worked in your district (one year minimum):

B. Explain in detail the qualifications the applicant has that align with the position (include information such as experience, coursework and support provided) **OR**:

C. If choosing not to complete A. or B. above, answer the following questions:

a. How many applicants were licensed in the **specific content area** requested in Section 2?

b. How many of the **content** licensed applicants in question a. chose not to continue the hiring process?

c. If a. **AND** b. are equal, STOP HERE and complete number 3.  
 If a. **AND** b. are not equal, answer the following questions with the number of applicants that were licensed in the **specific content area** requested: *(the sum of numbers 1-7 below should equal the difference between a. and b above.)*

1) Applicants not fluent in the language required for the position \_\_\_\_\_ Language: \_\_\_\_\_

2) Applicants not willing or unable to apply pedagogical model \_\_\_\_\_ Model: \_\_\_\_\_

3) Applicants that have had disciplinary action with PELSB \_\_\_\_\_

4) Applicants that have had disciplinary action with the district \_\_\_\_\_

5) Applicants that are unwilling to apply culturally responsive teaching principles \_\_\_\_\_

6) Applicant's references, including the applying district, indicate unwilling or ineligible to rehire \_\_\_\_\_

7) Other: \_\_\_\_\_

3. In accordance with [MN rule 8710.0320, subpart 2](#), as the designated administrator of the employing school district or charter school, my signature verifies the district or charter school:
- is able to demonstrate the teacher position has been posted and the district was unable to hire an acceptable teacher with a Tier 2, 3, or 4 license in the specific content area for the position,
  - understands the license is limited to the content matter indicated on the application and to the district or charter school requesting the license, **and**
  - is able to affirm that the candidate has the necessary skills and knowledge to teach in the specified content area.

<b>Printed Name of the Superintendent, Director, Charter School Administrator, or HR Director:</b>	
<b>Signature of the Superintendent, Director, Charter School Administrator, or HR Director:</b>	<b>Date:</b>

<b>My signature indicates that I approve this out-of-field permission request for me to teach in the above content field(s) for which I am not currently licensed and in the school district listed above.</b>	
<b>Applicant Signature:</b>	<b>Date:</b>