

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

Provision Removal Form

Please submit this form and an official transcript, score report, or other supporting documentation.

SS # _____ License # _____ Date of Birth _____

Last Name: _____ First Name _____ MI _____

Mailing Address: _____

Street City State Zip Code

Email Address _____ Home Phone # _____ Cell # _____

Please indicate () which of the following provisions you are clearing from your license and what documentation you are submitting:

Provision	Transcript: Course No.	Verification
<input type="checkbox"/> Nevada School Law		<input type="checkbox"/> UNR Report
<input type="checkbox"/> Nevada Constitution		<input type="checkbox"/> UNR Report
<input type="checkbox"/> U.S. Constitution		<input type="checkbox"/> UNR Report
<input type="checkbox"/> Praxis I (PPST)		
<input type="checkbox"/> Reading		<input type="checkbox"/> ETS Score Report
<input type="checkbox"/> Writing		<input type="checkbox"/> ETS Score Report
<input type="checkbox"/> Math		<input type="checkbox"/> ETS Score Report
<input type="checkbox"/> Coursework Provision		
<input type="checkbox"/> Permanent Residency Card	Expiration Date:	
<input type="checkbox"/> Praxis II PLT Test		<input type="checkbox"/> ETS Score Report
<input type="checkbox"/> Praxis II *	<input type="checkbox"/> ETS Score Report	<input type="checkbox"/> ETS Score Report
<input type="checkbox"/> Other testing*		<input type="checkbox"/> Score Report
*		<input type="checkbox"/> Score Report
<input type="checkbox"/> Valid out-of-state license		
<input type="checkbox"/> Verification of Teaching/Work Experience		
<input type="checkbox"/> Letter of Verification (Student Teaching, Practicum, Internship) Source:		
<input type="checkbox"/> Additional Notes:		

* If you are submitting a score report other than Praxes, please use this line for explanation.

Official transcripts that list all coursework that you are using to clear provisions must be submitted with this application. List below the transcripts that reflect these courses;

Name of University/College	State	# Credits	Degree Conferred

Signature of Applicant

Date

For official use only:	
<input type="checkbox"/> I have validated that the licensee has met the provision requirement listed above.	
_____ Signature	_____ Date

This form may be mailed to the appropriate office listed below.

Northern Office

700 East Fifth Street
Suite 105
Carson City, NV 89701-5096
Phone: (775) 687-9115

Southern Office

9890 S. Maryland Parkway
Suite 221
Las Vegas, NV 89183
Phone: (702) 486-6458