

First Name [OPTIONAL: Nickname, Middle Name, or Middle Initials] Last Name

[OPTIONAL: City, State] | phone | email [not L&C] | [OPTIONAL: LinkedIn Profile/professional website]

ANTICIPATED LICENSE(S)

Oregon Preliminary Teaching License, Elementary—Multiple Subjects endorsement
Anticipated July 2026

[if moving out-of-state, list out-of-state license or certificate first followed by Oregon’s]

Licensure Language for Résumés and License Placeholders

Elementary

Oregon Preliminary Teaching License, Elementary—Multiple Subjects Endorsement, Eligible [Month] [Year] or Expires [Date]

Secondary

Oregon Preliminary Teaching License, [subject area(s)] Endorsement, Eligible [Month] [Year] or Expires [Date]

School Counseling

Oregon School Counselor License, Eligible [Month] [Year] or Expires [Date]
formerly “Oregon Preliminary School Counselor License”

School Psychology

Oregon School Psychologist License, Eligible [Month] [Year] or Expires [Date]
formerly “Oregon Preliminary School Psychologist License”

Administration

Oregon Principal License, Eligible [Month] [Year] or Expires [Date]
Oregon Professional Administrator License, Eligible [Month] [Year] or Expires [Date]