

**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]