[District Letterhead]
[Date]

Professional Educator Licensing and Standards Board (PELSB)
1021 Bandana Blvd E, Suite 222
St. Paul, MN 55108

Re: Petition for Discretionary Variance – Out-of-Field Permission (Minnesota Rules 8710.0320, Subp. 2(A)(2))

Dear Professional Educator Licensing and Standards Board:

[School District Name] respectfully submits this petition for a discretionary variance under Minnesota Statutes §14.055 and §14.056.

1. Name and address of the person for whom a variance is being requested
[Name of Teacher]
[School District Name]
[District Address]
[City, State ZIP]

2. Description of and citation to the specific rule for which a variance is requested
Minnesota Rule 8710.0320 – Out-of-Field Permission, Subp. 2(A)(2): The board must issue an out-of-field permission upon request by the designated administrator of the hiring district. The applicant must initiate the application process, and the hiring district must show the applicant holds a license other than for a related services profession.

3. The variance requested, including the scope and duration of the variance
Permission for [Name of Teacher] to serve as a CTE Medical Careers (Function Code 300300) teacher for grades 7–12 during the [20XX–20XX] school year, at [District Name, Number & Type; e.g., 0129-01 - Montevideo], in a [insert % FTE] FTE position.

4. Reasons justifying the variance, including a signed statement attesting to the accuracy of the facts asserted in the petition
CTE, especially Medical Careers, is a statewide shortage area. [Name of Teacher] is enrolled in and making progress in a Minnesota-approved teacher preparation program for Medical Careers [remove if not yet enrolled].

I attest that the facts asserted in this petition are true and accurate.
(Signature) _____
[Name of Teacher, License Type]

5. Explanation of why the application of the rule to the petitioner would result in hardship or injustice
Strict application of the rule would create hardship by leaving students without critical CTE/healthcare coursework because of a persistent shortage of fully licensed Medical Careers teachers.

6. Explanation of why a variance from the rule would be consistent with the public interest
Granting this variance supports student access to high-demand healthcare career preparation and aligns with Minnesota's workforce development needs.

7. Explanation of why a variance from the rule would not prejudice the substantial legal or economic rights of any person or entity
No person or entity is known to be adversely affected; no prejudice is anticipated.

8. History of the agency's action relative to the petitioner as relates to the variance request
[Name of Teacher] holds a continuous Minnesota license in good standing. No prior adverse actions are known.

9. Information regarding the agency's treatment of similar cases, if known
PELSB has repeatedly granted variances allowing licensed school nurses to teach Medical Careers, especially while completing teacher preparation.

10. Name, address, and telephone number of any person the petitioner knows would be adversely affected by the grant of the petition
None known.

Additional Information Requested by PELSB
School Year: [20XX–20XX]
File Folder Number: [File Folder Number]
District Number & Type: [District Number & Type]
Licensure Area Requested: Medical Careers (Function Code 300300)
Grade Level: 7–12
% FTE for Requested Position: [insert % FTE]
Date Range and Where Position Was Advertised: [insert date range and locations]

District Administrator Affirmation
I affirm that the district has made all required efforts to fill this position and that the facts presented in this petition are accurate. I request issuance of the requested Out-of-Field Permission.

Administrator Name & Title: [Insert Name & Title]

Signature: _____
Date: _____

Enclosures: Résumé of [Name of Teacher]; Job Posting Evidence