



Licensure Authorization for Active Service Members and Their Spouses

Subtitle 14A of Title 10 of the State Government Article ([2026 Maryland Laws Ch. 694 / S.B. 242](#)) simplifies professional license portability for active service members and their spouses.

An active service member or the spouse of an active service member who relocates to Maryland because of orders for service and holds a license issued by another state may practice in Maryland under the license for the duration of the orders. Upon verification of the required documentation, the Maryland State Department of Education (MSDE) will issue a Licensure Authorization document for the service member or spouse to provide to prospective employers.

The active service member or spouse of an active service member shall submit the following documentation to the MSDE:

1. Proof of orders;
2. A copy of a marriage certificate, if the applicant is the spouse of an active service member;
3. A copy of the license issued by another state; and
4. A notarized copy of the attached affidavit.

Directions

Eligible service members and their spouses seeking Licensure Authorization in Maryland should register in The Educator Application and Credentialing Hub (TEACH) and select the "Military/Foreign Service Authorization for Out-of-State Credential Holders" option. The system will walk the applicant through the process of uploading the required documentation. There is no fee to submit the application.

When submitting the application in TEACH, the applicant must also complete and submit the attached affidavit and have it notarized. This notarized document must be uploaded and submitted with your application.

The application will be processed by MSDE's Division of Educator Effectiveness. Should MSDE require additional information, MSDE will inform the applicant via email using the email address listed in the applicant's application. Once MSDE issues the Licensure Authorization, the applicant may provide it to school employers to verify eligibility to practice under the applicant's out-of-state license.

Questions about this process should be sent via email to certinfo.msde@maryland.gov.



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Affidavit

State of: Click or tap here to enter text.

County of: Click or tap here to enter text.

I, Click or tap here to enter text. , being first duly sworn, depose and state as follows under the penalty of law:

1. I am an adult of sound mind, residing at Click or tap here to enter text, and I am the individual described and identified in the application for Licensure Authorization submitted to the Maryland State Department of Education (MSDE).
2. I currently hold an active educator license/certificate issued by the state(s) of Click or tap here to enter text in the following endorsement area(s) and scope(s) of practice: Click or tap here to enter text.
3. All statements made in my application submitted to MSDE, and all supporting documentation uploaded therewith, are true, correct, and complete.
4. I have read and understand the requirements to receive a license and the scope of practice of the State of Maryland and certify that I meet and will comply with all such requirements and scope of practice.
5. I understand that should I be issued a Licensure Authorization, I may only practice in the discipline and to the extent of the scope of practice within which my out-of-state license allows me to practice.
6. I am currently in good standing in all states or jurisdictions in which I hold or have ever held an occupational or professional license.
7. No disciplinary action, revocation, pending investigation for unprofessional conduct, or voluntary surrender under investigation exists regarding any license held by me in any jurisdiction.
8. I understand that I am subject to the same disciplinary action as an individual who holds a Maryland Educator License in accordance with the Code of Maryland Regulations 13A.12.06.
9. Should I wish to practice in an area outside of my authorized license, I must apply for a Maryland Educator License.

Signature of Applicant

Date



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NOTARY PUBLIC ACKNOWLEDGEMENT

STATE OF MARYLAND, COUNTY/CITY OF _____, TO WIT:

I HEREBY CERTIFY that on this ____ day of _____, 20____, before me, the undersigned Notary Public of the State aforesaid, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

AS WITNESS my hand and Notarial Seal.

Signature of Notary Public

[OFFICIAL NOTARY SEAL / STAMP
HERE]

My Commission Expires: _____