Application for a Montana Class 4 Career and Technical Educator License

Denise Juneau, Superintendent **Montana Office of Public Instruction**	Montana Office of Public Instruction Attn: Educator Licensure P.O. Box 202501 Helena, MT 59620-2501	**To contact Educator Licensure** **406-444-3150 or cert@mt.gov** **www.opi.mt.gov/cert**

Instructions: Complete all sections of this application. The information you provide will help our staff determine all documents have been received and your application is ready for evaluation. **Your application for licensure will not be evaluated until all documents are received.** It is your responsibility to follow up with our Educator Licensure Division on the progress of your application.

This form requires notarized signature. It cannot be submitted electronically. We suggest one of the following procedures:
1. Save this form to your computer. Complete it, then print, sign, and mail it; or
2. Complete the form from our webpage, print and sign it and mail it; or
3. Print this form, complete it by hand, sign and mail it to us.

****NOTICE: INCOMPLETE APPLICATIONS MORE THAN ONE YEAR OLD WILL BE DESTROYED****

Personal Information

Last Name		First Name		Middle Initial			
Folio ID (assigned by OPI)		Name as you wish it to appear on your license					
Address		Former Name(s) (Maiden or Other)					
City		State		Zip Code		Country	
Last four digits of your SSN		Date of Birth		Email			
Cell Phone		Home Phone		Other Phone			

Is the Applicant Hispanic/ Latino?	◯ Yes ◯ No	Is the Applicant from one or more of the following races:	☐ American Indian/Alaska Native ☐ Black or African American ☐ Asian ☐ White ☐ Native Hawaiian or Other Pacific Islander	Gender:	◯ Female ◯ Male

Have you ever held a Montana educator license? If yes, please indicate under what name and when you held the license.

School Year for license to be activated (all licenses are effective on July 1):

Oath

You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths.(MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

Declaration

I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking. I acknowledge I have read the Professional Educators of Montana Code of Ethics as provided on the Licensure web page.

Notary

Signature of Applicant_____

Subscribed and sworn before me this _____ **day of** _____**, 20**_____**.**

Signature of Notary Public_____

My Commission Expires_____

County of_____

State of_____

Last Name		First Name		MI	

I am applying for the following License:

☐ **Class 4A**	☐ **Class 4B**	☐ **Class 4C**
☐ I hold a Montana Class 1 or 2 Educator License	☐ I have a Bachelor's degree ☐ I have a Master's degree	☐ I graduated from a high school or completed the requirements by an alternative method (eg the GED)

Endorsement Requirements: Acceptable Evidence

Endorsed in: From the list below, please select those endorsement area(s) for which you can document a ***minimum*** of 10,000 hours of work experience as required by the Qualifications for the endorsement. Acceptable documentation is determined by the superintendent, and may include, but is not limited to:

- Work experience as verified by previous employers on page 3 of this application, to include a detailed description of the duties performed during employment;
- For self-employed individuals, examples of projects completed, letters of verification from clients or customers, profit and loss statements demonstrating the viability of the business or self-employment;
- Verification of teaching experience in the area requested for endorsement, accompanied by verification of substantial work experience in the area requested for endorsement;
- Certificates of completion of appropriate technical programs or related college degrees and coursework, and industry certification (e.g., ASE, AWS).

Health Occupations

If you hold a Class 1 or 2 license with an endorsement in health or any of the science areas; and can verify:

participation in or completion of an approved internship program in a medical setting;
and
successful completion of coursework in human biology and anatomy and physiology;
or
you hold a current professional license or certificate in a related health occupation field

Computer Information Systems

You may provide verification of completion of an approved technical program in a recognized training institution and verify you hold professional license or recognized industry standard certificate.

Industrial, Manufacturing & Engineering Systems

☐ Auto Body	☐ Electronics
☐ Automotive Technology	☐ Heavy Equipment Operator
☐ Aviation	☐ Industrial Mechanics
☐ Building Maintenance	☐ Machining
☐ Building Trades	☐ Metals
☐ Diesel Mechanics	☐ Small Engines
☐ Drafting	☐ Welding

Agriculture, Food and Natural Resources

- ☐ Ag Business, Mkting & Com
- ☐ Ag Mechanics
- ☐ Horticulture
- ☐ Livestock Production
- ☐ Plant & Soil Sciences

Business Mgmt & Info Systems:

- ☐ Computer Info Systems
- ☐ Culinary Arts

☐ **Health Sciences**

Arts & Communication

- ☐ Graphic Arts
- ☐ Theater Arts
- ☐ Video & Film Production

Academic Background & Work Experience

Information disclosed on the remainder of this page will help our staff determine all documents have been received and your application is ready for evaluation. You may attach a separate sheet, as long as all required information is included.

Employer Name	City/State	Dates Employed	Job Title

List all institutions which you have attended, regardless of the major program or if you earned a degree. Please indicate universities from which the MT OPI can expect to receive official transcripts.

College/University	City/State	Dates Attended	Degree	Major(s)	Minor(s)

Verification of Work Experience
For applicants for the Class 4 Career and Technical Education License

Part I: To be completed by the Applicant

Please print or photocopy this page once for each employer listed on page 2 under "Work Experience". You may mail or email this page to all employers. Completed, signed forms may be returned to you for forwarding to the Office of Public Instruction or mailed directly to us.

Last Name		First Name		MI	
Address		City		State	
Folio ID (assigned by OPI)		Email		Zip Code	
Home Phone		Cell Phone		Other Phone	

Authorization to Release Employment Information to the Office of Public Instruction

I, _____ (Applicant Name) am making application for a Montana Class 4 Career and Technical Educator License.

I authorize _____ (Employer Name) my employer or former employer, to furnish the Office of Public Instruction with the following information:

Part II: To Be Completed by EACH Employer

The above named person was employed by _____ (Employer Name)

☐ Part time **Or** ☐ Full time

If "Part Time", please indicate FTE equivalent (eg .25 for 1/4 time) _____

From (month/yr) _____

To (month/yr) _____

As a(an) _____ (Job Title)

Job responsibilities include(d) _____ (Job Description (may attach a separate document))

Printed Name of Person Completing the Form _____

Signature _____

Date _____

May we contact you with additional questions? ◯ Yes ◯ No

Employer Address _____

City _____ State _____ Zip Code _____

Phone _____ email _____

Character and Fitness Information

Last Name		First Name		MI	

Taxpayer Identification Number (TIN), Social Security Number (SSN) or Canadian identification number (GST):
Section 7 of Public Law 93-579 requires us to advise you of the following in connection with our request for your Taxpayer Identification Number (TIN): Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 42 USC 5119a and c, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for verification purposes in connection with college transcripts and other education records pertaining to your application for teacher licensure. Your application will be scanned and stored on secure electronic media. The paper copy of your application will be shredded.

TIN, SSN or GST		**Signature**	Date:	

1. Do you currently hold or have you ever held a professional certificate, license, or other credential in ANY field (e.g. education, cosmetology, social work, outfitting, acupuncture) in Montana or any other state? If yes, please provide the following information for every certificate, license, or credential. You may use a separate sheet of paper. Please be sure to sign and date any additional pages. ◯ Yes ◯ No

State or Jurisdiction		Type of License		Certificate or License Number	
State or Jurisdiction		Type of License		Certificate or License Number	

2. Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each page. ◯ Yes ◯ No

☐ Letter of Warning	☐ Suspension	☐ Voluntary Surrender	☐ Failure to Renew	☐ Other (please describe)
☐ Reprimand	☐ Denial	☐ Revocation	☐ Cancellation	

3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. ◯ Yes ◯ No

4a. Have you ever been convicted of any crime (misdemeanor or felony)? If yes, explain on a separate sheet , providing dates, locations, and circumstances for each incident. Sign and date each page. ◯ Yes ◯ No

4b. Have you entered into a pretrial diversion* for any crime? If yes, select from the options below and explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. ◯ Yes

**A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.* ◯ No

☐ Deferred Prosecution	☐ Deferred or Suspended Imposition of Sentence	☐ Deferred Adjudication
☐ Stay of Adjudication	☐ First Time Offender Programs	☐ Other Similar Programs (Please describe)

5. Check One:
NOTE: YOUR APPLICATION WILL NOT PROCEED UNLESS WE RECEIVE YOUR FINGERPRINT BACKGROUND CHECK RESULTS.

☐ I have completed the Montana-based fingerprint background check and mailed it to the Montana Department of Justice; or

☐ I have completed a Montana-based fingerprint background check within the past 2 years either for employment in a Montana public school or admittance to a teacher education program at a unit of the Montana University System. I have requested that the school district or Montana university send those results to OPI.

By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of material fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.

Signature	Date	

Checklist

Last Name		First Name		MI	

Acknowledge each requirement is included with the application or in process by checking next to the item.
Return this page with your application.

Fee	☐ A check for $36 is enclosed, payable to the OPI.
Work Experience Forms	☐ All appropriate work experience forms accompany this application.
	☐ Work experience forms will arrive separate from this application from the employers listed on page 2.
Transcripts	Transcripts can be sent either directly to OPI from the college or university OR accompany the application. Transcripts do not need to be in a sealed envelope, but they must be official transcripts, not photocopies. Please be sure the name on the transcript matches the applicant's name or there is some other identifying information on the transcript.
	☐ Transcripts have been ordered from the university(ies) and will be sent directly to the OPI.
	☐ Transcripts included with this application.
Fingerprint-Based Background Check Requirement	Applicants for initial licensure, those who apply for emergency authorization of employment, and those who seek to reinstate a lapsed or revoked license must submit a fingerprint card for a national fingerprint-based background check through the Montana Department of Justice. The instructions for completing the background check are provided on a page 6 of this application. Please contact us at 406-444-3150 or cert@mt.gov if you have questions about this requirement. Thank you for your cooperation.
	☐ My Fingerprint card has been mailed to Montana Department of Justice **OR** I have completed the "Request to Share fingerprint Results with OPI" form. My fingerprints will be sent to OPI from a MT public school or public school district or university.
Signatures Provided?	☐ Page 1, Notary Section, verifying the Oath.
	☐ Page 4, top, Social Security Number Disclosure Acknowledgement
	☐ Page 4, bottom, indicating the information provided is correct to the best of your knowledge.

Processing Time:
Once all documents are received, processing time will vary depending on time of year and volume of applications in our office. Between April and September, most evaluations are completed within 4 to 6 weeks. You will receive a postcard verifying you have applied for a license. The postcard indicates to Montana school administrators you have applied for licensure. Hiring is strictly the concern of the local school districts in Montana, and districts may or may not choose to accept the postcard to determine eligibility for their interview process.

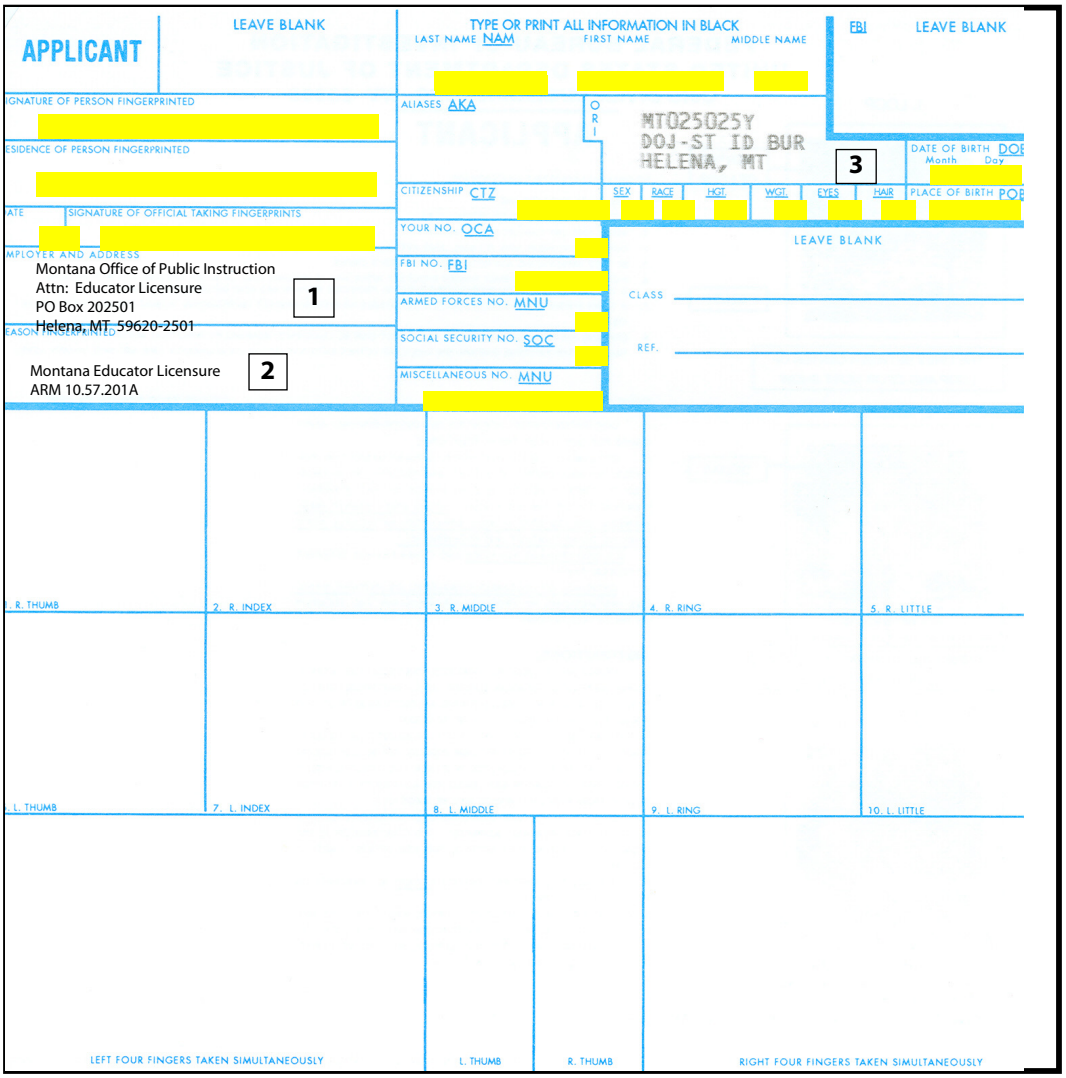
FINGERPRINT BACKGROUND CHECK INSTRUCTIONS
Do not return this page with your application

Step	Action
1	Go to your local law enforcement office or other agency offering fingerprinting services.
2	Request fingerprint card. These are provided to law enforcement offices at no charge to them. They can contact the Montana Department of Justice at 406-444-3625 for assistance in ordering the cards.
3	With a pen, complete the highlighted sections which apply to you.
4	Complete the additional text required (Montana Educator Licensure information, numbers 1, 2 and 3)
5	Complete the fingerprinting by the method available from your law enforcement office (LiveScan or ink). It is imperative that the fingerprints are clear. Smudged or unclear prints will be rejected by the state and FBI. If your prints are rejected, you will be required to submit a new set of fingerprints. There is no fee for re-submission to the Montana Department of Justice.
6	***Mail the completed fingerprint card to:*** ***Montana Department of Justice*** ***PO Box 202403*** ***Helena, MT 59620-2403*** ***Include a check for $29.25, payable to the DOJ.*** ***DO NOT FOLD THE COMPLETED FINGERPRINT CARD.***
7	If you do not receive a response from the OPI, your fingerprints have most likely cleared. Please call 406-444-3150 or email cert@mt.gov for specific information.
8	OPI will notify you by letter of rejected fingerprints. Please follow the instructions in that letter to complete the process again.

To the right is a sample of a standard fingerprint card from a local law enforcment agency or other agency offering fingerprinting services.

Please ensure you enter the required information in areas marked 1, 2, and 3.

Failure to complete all required sections will result in a delay in application processing.


APPLICANT
LEAVE BLANK
TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME
FBI LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED
ALIASES AKA
ORI MT025025Y DOJ-ST ID BUR HELENA, MT
3
DATE OF BIRTH DOB Month Day
RESIDENCE OF PERSON FINGERPRINTED
CITIZENSHIP CTZ
SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB
DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
YOUR NO. OCA
LEAVE BLANK
EMPLOYER AND ADDRESS
Montana Office of Public Instruction
Attn: Educator Licensure
PO Box 202501
Helena, MT 59620-2501
1
FBI NO. FBI
ARMED FORCES NO. MNU
CLASS
REASON FINGERPRINTED
SOCIAL SECURITY NO. SOC
REF.
Montana Educator Licensure
ARM 10.57.201A
2
MISCELLANEOUS NO. MNU
1. R. THUMB
2. R. INDEX
3. R. MIDDLE
4. R. RING
5. R. LITTLE
6. L. THUMB
7. L. INDEX
8. L. MIDDLE
9. L. RING
10. L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY
L. THUMB
R. THUMB
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Denise Juneau, Superintendent
Montana Office of Public Instruction
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