

KSDE INTERNAL USE ONLY				
LEGAL	M & E +	SIGNATURE	FEE	SS#
SEND BACK	RAP	EXPIRATION	FP IN	VERIFIED BY

WHAT YOU NEED TO KNOW ABOUT THE APPLICATION:

- Additional information and supporting documentation may be needed during the review of your application.
- You will be issued the highest level of license you qualify for based on the documentation submitted.
- Check boxes at the end of each Step will help ensure that you submit appropriate documents

STEP 1: APPLICANT INFORMATION

Complete all Data Fields and Answer all Professional Conduct Questions.

Social Security Number		Birthdate (MM/DD/YYYY)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
LEGAL NAME: First Name		Middle Name		Last Name	
All prior names (Maiden, alias, previous married, etc.)					
Mailing Address					
City		State		Zip	
Phone		Alt Phone		Email Address	
Ethnicity (mark only if applicable)		Race (mark one or more as applicable)			
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Choose not to designate		

Please read the following questions very carefully. Failure to accurately answer these questions or submit appropriate documents will delay the issuance of your license. Unless expunged, you are required to disclose both adult and juvenile offenses.

a. Have you **EVER** been convicted of a felony? NO YES *If yes, please attach a certified copy of the following documents:*
 • Charging document
 • Journal entry of conviction

b. Have you **EVER** been convicted of **ANY** crime involving theft, drugs, or a child? NO YES *If yes, please attach a certified copy of the following documents:*
 • Charging document
 • Journal entry of conviction

c. Have you **EVER** entered into a diversion agreement or otherwise had a prosecution diverted after being charged with any felony or any crime involving theft, drugs, or a child? NO YES *If yes, please attach a certified copy of the following documents:*
 • Charging document
 • Diversion agreement
 • Journal entry closing that case

d. Are criminal charges pending against you in any state involving any felony or any crime involving theft, drugs, or a child? NO YES *If yes, please attach a certified copy of the*
 • Charging document

e. Have you had a teacher's or school administrator's certificate or license denied, suspended, revoked or been the subject of other disciplinary action in any state? NO YES *If yes, please indicate the action taken:*
 Denied
 Suspended
 Revoked

*Which State(s): _____
 Please attach a copy of the documents regarding the official action taken.*

f. Is disciplinary action pending against you in any state regarding a teacher's or administrator's certificate or license? NO YES *If yes, please attach a copy of the official documents regarding the action pending against you.*

g. Have you ever been disbarred or had a professional license or state issued certificate denied, suspended, revoked or been the subject of other disciplinary action regarding any profession in Kansas or any other state? NO YES *If yes, please indicate the action taken:*
 Denied
 Suspended
 Revoked
 Which State(s): _____
Please attach a copy of the official documents regarding the action taken against you.

h. Have you ever been terminated, suspended, or otherwise disciplined by a local Board of Education for falsifying or altering student tests or student test scores? NO YES *If yes, which district(s)? _____*
When? _____

i. Have you ever falsified or altered assessment data, documents, or test score reports required for licensure? NO YES *If yes, what State(s)? _____*
When? _____

STEP 2: EDUCATION HISTORY

WHAT YOU NEED TO KNOW ABOUT EDUCATION HISTORY:

- Official paper transcripts **OR** electronic transcripts are accepted.
- Electronic transcripts must be sent directly from the college or university system to the following email address: etranscripts@ksde.org
- Transcripts of all degrees earned **MUST** be submitted. Additional transcripts may be required based on education history.

LIST ALL THE COLLEGES/UNIVERSITIES YOU ATTENDED.

COLLEGE/UNIVERSITY NAME	CITY, STATE	DID YOU EARN A DEGREE?
		<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____
		<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____
		<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____
		<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____
		<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____

OFFICIAL TRANSCRIPTS MUST BE SENT TO THE KANSAS STATE DEPARTMENT OF EDUCATION FOR ANY DEGREES EARNED.

CHOOSE ONE:

I am including official paper transcripts with my application (*No photocopies*).

OR

My college/university submitted electronic transcripts directly to the following email address: etranscripts@ksde.org

SELECT ALL OF THE FOLLOWING THAT APPLY:

I am applying for a Teaching License.

I am applying for a School Counselor, School Psychologist, Library Media Specialist, or Reading Specialist license.

I am applying for a Principal or Superintendent License.

STEP 3: OUT-OF-STATE LICENSE

You must hold an **UNEXPIRED** (*currently in effect*) license/certificate from another state to apply for a license.

If you do not hold an unexpired license from another state

STOP

contact Kansas State Department of Education at (785) 296-2288 for further instructions.

WHAT YOU NEED TO KNOW ABOUT OUT-OF-STATE LICENSE(S)

- Any one of the following may be used to verify an out-of-state license:
 - Photocopy of license
 - Printed history of licenses from a state website
 - Letter from an out-of-state department of education verifying license history
- You may be required to submit copies of prior licenses based on your experience history (Step 5).

I included a copy of an **UNEXPIRED** license/certificate from another state.

STEP 4: EDUCATOR PREPARATION PROGRAM VERIFICATION

Verification of the type of program you completed is required to complete the licensure process.

The Form 2a on page 9 is used to verify program completion. You may mail, fax or email Form 2a to the appropriate dean/licensure officer/alternative program representative for completion.

WHAT YOU NEED TO KNOW ABOUT PROGRAM VERIFICATION

- The Form 2a on page 9 is used for program verification.
- You may fax, mail or email the Form 2a to the appropriate dean/licensure officer/alternative program representative.
- If you completed programs at more than one college/university, you will need to submit a Form 2a to each.
- The dean/licensure officer/alternative program representative may verify completion of multiple programs on the same form.
- The dean/licensure officer/alternative program representative must return the completed, signed Form 2a back to you, or they may submit the Form 2a as an email attachment to the following email address: Form2a@ksde.org

CHOOSE ONE:

I am including the original signed Form 2a.

OR

The program representative will send Form 2a electronically as an email attachment to Form2a@ksde.org

STEP 5: EXPERIENCE VERIFICATION

Experience may qualify you for a higher level license and may exempt you from testing requirements.

WHAT YOU NEED TO KNOW ABOUT EXPERIENCE

- The Verification of Experience Form is used to verify experience (See Page 11).
- You may mail, fax or e-mail the Verification of Experience Form to the appropriate school district administrator or private school administrator for completion.
- The school district administrator or private school administrator may mail the form back to you OR may submit the form as an e-mail attachment to the following e-mail address: experienceform@ksde.org

CHOOSE ONE:

I do not have any experience – **STOP** → Skip to Step 6.

OR

I have experience – complete the table below, and use the Verification of Experience Form to verify experience.

EMPLOYING SCHOOL SYSTEM AND STATE	PUBLIC/ NON-PUBLIC	EMPLOYED AS:	TOTAL YEARS EMPLOYED	DID YOU HAVE A LICENSE? <i>* If so provide a photocopy of the license with the application</i>
	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes* <input type="checkbox"/> No
	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes* <input type="checkbox"/> No
	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes* <input type="checkbox"/> No
	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes* <input type="checkbox"/> No

CHOOSE ONE:

I am including the original signed Verification of Experience Form(s).

OR

Verification of Experience Form(s) will be sent directly from employing school district or private school as an email attachment to experienceform@ksde.org.

YOU MUST SUBMIT PHOTOCOPIES OF LICENSES HELD DURING VERIFIED EXPERIENCE.

CHOOSE ONE:

I am including a photocopy of any license/certificate held during the experience I verified.

OR

I did not hold a license/certificate during any of my experience.

STEP 6: TESTING REQUIREMENTS

WHAT YOU NEED TO KNOW ABOUT TESTING

- Kansas requires content and pedagogy (professional teaching skills) tests.
- Comparable out of state content and pedagogy tests are accepted.
- You may still qualify for a license allowing full-time employment even if it is determined you need one or more tests. This allows you time to complete testing while teaching.
- Kansas does **NOT** require basic skills testing in reading, math and writing for licensure.
- Any one of the following will be accepted as official test score verification:
 - An official score report
 - A letter of verification on official letterhead from a college/university licensure officer or state department of education
 - Provide Kansas State Department of Education access information to an online testing website or state department of education website
 - Request Praxis scores to be sent electronically by Education Testing Services (ETS) - **KSDE score recipient code is 7270**
 - ETS will **only** provide KSDE with electronic scores for tests that Kansas has validated as a Kansas licensure test. If you completed an ETS test not used by Kansas you will need to provide score validation utilizing one of the other options.
Look up Kansas Test Requirements at www.ETS.org/praxis/ks/requirements

6a: CHOOSE ONE OF THE FOLLOWING TO DETERMINE IF YOU REQUIRE TEST SCORES:

- I have less than three years of experience – Test scores are required. **Continue through Step 6b.**
- OR**
- I have **three** or more years of experience within the last six years–Test scores are not required. **STOP** → **Skip to Step 7.**
- OR**
- I have a total of **five** or more years of experience – Test scores are not required. **STOP** → **Skip to Step 7.**

6b: CHOOSE ONE:

- I have not completed any content and/or pedagogy testing – **STOP** → **Skip to Step 7.**
(You will not be exempted from testing, but you may qualify for a temporary license to allow time to complete required Kansas test(s) while teaching full-time.)
- OR**
- I have completed content and/or pedagogy testing – **Continue through Step 6d.**
(If you have not completed both a content and pedagogy test you may qualify for a temporary license to allow time to complete required Kansas test(s) while teaching full time.)

6c:

TEST NAME	TEST TYPE	STATE FOR WHICH TESTING WAS COMPLETED
	<input type="checkbox"/> Content test <input type="checkbox"/> Pedagogy test	
	<input type="checkbox"/> Content test <input type="checkbox"/> Pedagogy test	
	<input type="checkbox"/> Content test <input type="checkbox"/> Pedagogy test	

VERIFICATION OF TEST SCORES IS REQUIRED.

6d: CHOOSE ONE OF THE FOLLOWING METHODS OF VERIFYING YOUR TEST SCORES:

- I am including an official score report. (Official score reports will be returned after application is processed)
- OR**
- I am including a letter verifying my scores on official letterhead from the University Licensure office or the state agency responsible for the licensure tests taken.
- OR**
- I requested electronic scores to be sent to KSDE.
- OR**
- I am including access information to view test scores directly from an online testing agency website or state department of education website.

Website login Username: _____ Password: _____

STEP 7: VERIFICATION STATEMENT AND SIGNATURE

SIGNATURE AND DATE REQUIRED

I certify that I am of good moral character and that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in the denial or revocation of my license.

I hereby grant the permission and authorize the Kansas State Department of Education to verify all responses with any mental health facility or governmental agency and to obtain and review all records maintained by any criminal justice agency, including a criminal history record information check, regarding any of my criminal charges, adjudications, or convictions, and to contact previous employers for information regarding the term of my employment. I hereby release, discharge, and exonerate the Kansas State Department of Education, its employees, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records and information. I understand that any material submitted in connection with this application will become the property of the Kansas State Department of Education, and may be considered a public record.

Applicant Printed Name

Last 4 digits of Social Security Number

Signature of Applicant

Date

STEP 8: VERIFICATION OF HIRE BY A KANSAS DISTRICT

Verification of hire is optional. Verification is required if you completed an alternative licensure program at the secondary level, AND have been hired to teach in an 8-12 assignment.

Additional licensing options may become available to you based on a Kansas school district verifying they are hiring you.

SKIP TO STEP 9 if you have not been hired by a Kansas district.

A district administrator must verify employment by completing the table below and signing.

Printed Name of Applicant _____

Last 4 digits of Social Security Number _____

The above named applicant will be employed by the _____ school system
for the _____ school year.

ASSIGNMENT: List specific assignments below (<i>Examples: Elementary Education K-6, Science 5-8, Principal PreK-12, School Counselor PreK-12, Reading Specialist PreK-12 etc.</i>)	GRADE LEVEL	EMPLOYMENT IS:
_____	_____	<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time
_____	_____	
_____	_____	

Administrator's Name _____

Title/Position _____

School Phone Number _____

Email Address _____

Signature of District Representative/Title _____

Date _____

STEP 9: APPLICATION PROCESSING FEE

- **\$70.00 Application Processing Fee** is due payable to the Kansas State Department of Education.
- Money order or cashier's check preferred. Personal checks accepted. **DO NOT SEND CASH.**
- Processing fee **CANNOT** be refunded and does not guarantee a license will be issued.

PLEASE VERIFY:

- I am including the **\$70.00** Application Processing Fee.

ADDITIONAL INFORMATION

- All programs must be verified using the Form 2a Verification of Educator Preparation Program:
 - School Counselor License
 - School Psychologist License
 - Library Media Specialist
 - Reading Specialist
 - Principal License
 - Superintendent License

If you are applying for one of the licenses above and a teaching license, Form 2a Verification of Educator Preparation Program **MUST** be **completed** for the teaching program along with any of the above.

- A fingerprint background check is required. Please refer to the **Fingerprint Frequently Asked Questions Form** (refer to page 13) for complete fingerprint information.



VERIFICATION OF EDUCATOR PREPARATION PROGRAM

A: TO BE COMPLETED BY THE APPLICANT

APPLICANT:

- Complete Applicant section
- Mail, fax, or email the Verification of Educator Preparation Program to the appropriate Dean, Licensure Officer or Alternative Program Representative. Coordinate submission of Form 2a with the appropriate representative.

Last 4 digits of Social Security Number	Birthdate (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
LEGAL NAME: First Name	Middle Name	Last Name
All prior names (Maiden, alias, previous married, etc.)		
Mailing Address		
City	State	Zip
Phone	Alt Phone	Email Address

B: TO BE COMPLETED BY THE PROGRAM REPRESENTATIVE

DEAN, LICENSURE OFFICER or ALTERNATIVE PROGRAM REPRESENTATIVE:

- Please complete and sign.
 - Return the completed, signed hard copy in a sealed official school envelope to the Applicant.
- OR**
- Email as attachment to Form2a@ksde.org. Coordinate submission with the applicant.

College/University or Alternative Program Name			
Name of Program Representative	Title/Position	Phone	Email Address
Mailing Address			
City	State	Zip	
List applicant's Subject or endorsement(s) area and grade level(s) Examples: Elementary Education K-6, Science 5-8, Principal PreK-12, School Counselor PreK-12, Reading Specialist PreK-12 etc.			
SUBJECT/ENDORSEMENT AREA(S)	GRADE LEVEL	DATE PROGRAM COMPLETED	

I verify the applicant completed preparation program(s) approved by the state of _____; in the area(s) and at the level(s) verified. The approved program(s) was in effect during the applicant's period of program completion.

Signature of Program Representative _____
Date

C: SPECIAL EDUCATION COMPETENCIES

TO BE COMPLETED BY THE PROGRAM REPRESENTATIVE

APPLICANT NAME:

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:

If a special education program was the initial program completed (the candidate has **NOT** completed a program to teach general education), the special education program must have a professional education component that allows students to acquire competency in the following:

- A. The learner and learning: learner development, learning differences, and learning environments;
- B. Content: content knowledge and application of content;
- C. Instructional practice: assessment, planning for instruction, and instructional strategies;
- D. Professional responsibility: professional learning and ethical practice, leadership, and collaboration;
- E. The ability to apply the acquired knowledge to teach general education students.

By signing below, I verify the completed special education program meets requirements above.

Signature of Program Representative

Date



VERIFICATION OF ACCREDITED EXPERIENCE

TO BE COMPLETED BY THE APPLICANT

APPLICANT:

- Complete Applicant section
- Mail, fax, or email the Verification of Accredited Experience form to the appropriate school district administrator or private school administrator.

Last 4 digits of Social Security Number	Birthdate (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
LEGAL NAME: First Name	Middle Name	Last Name
All prior names (Maiden, alias, previous married, etc.)		
Mailing Address		
City	State	Zip
Phone	Alt Phone	Email Address

TO BE COMPLETED BY EMPLOYING SYSTEM

SCHOOL DISTRICT OR PRIVATE SCHOOL ADMINISTRATOR:

- Please complete and sign.
- Return the completed, signed hard copy in a sealed official school envelope to the Applicant **OR** Email as attachment to experienceform@ksde.org. Coordinate submission with the applicant.

Name of School System		
State Accredited School and/or District?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(if not state accredited, please attach verification of accreditation status)</i>
Name of School/District Administrator	Title/Position	Phone
Mailing Address		
City	State	Zip

The above applicant was employed in our school system as listed below:

BEGINNING DATE OF EMPLOYMENT (MM/DD/YYYY)	ENDING DATE OF EMPLOYMENT (MM/DD/YYYY)	ASSIGNMENT: List specific assignments below (Examples: Elementary Education K-6, Science 5-8, Principal PreK-12, School Counselor PreK-12, Reading Specialist PreK-12 etc.)	GRADE LEVEL	EMPLOYMENT IS:
_____	_____	_____	_____	<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time
_____	_____	_____	_____	<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time
_____	_____	_____	_____	<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time

Signature of District Representative

Date

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The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201



Teacher Licensure and Accreditation
Kansas State Department of Education
Landon State Office Building
900 SW Jackson Street, Suite 106
Topeka, KS 66612-1212

(785) 296-2288
(785) 296-7933 - fax
www.ksde.org



KANSAS TEACHER LICENSURE FINGERPRINT MEMO

FINGERPRINT INFORMATION AND INSTRUCTIONS:

Where do I get a fingerprint card?

Are you working with a Kansas school district?

Contact the district as they may have a fingerprint card that you may use.

YES

NO

YES

NO

Where do I get my fingerprints taken?

Order a fingerprint card to be mailed to your home address:

www.ksde.org/Default.aspx?tabid=386

- You will receive detailed instructions with the fingerprint card ordered from KSDE. Follow the instructions to submit your fingerprints for a background check.

- Any law enforcement agency or properly trained school personnel can take your prints.
- Contact your local law enforcement agency BEFORE you go.** Confirm whether an appointment is required or if walk-ins are accepted and if there is a charge for the service.
- Districts wanting to have personnel trained to take prints should contact the Kansas Bureau of Investigation (KBI) for information.

Is there a fee?

YES

- A **\$50** fingerprint fee must be submitted with the fingerprint card.
- The fingerprint fee should be **submitted as a separate payment** (separate check or money order) from the application fee that is submitted with the license application. **DO NOT combine the fingerprint fee with the application fee on one payment.**
- Check or Money order should be made out to KSDE.**

Your Name	1025
Address	
City, State Zip Phone #	DATE _____
PAY TO THE ORDER OF KSDE	\$ 50.00
	_____ DOLLARS
Fingerprint fee	
: 123456789 : 12345689 : 1025	



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