Kansas State Department of Education Teacher Licensure and Accreditation

900 SW Jackson Street, Suite 106, Topeka, KS 66612-1212 Phone: 785-296-2288 http://www.ksde.org

If you are applying for an initial Substitute License, have completed a <u>KANSAS</u> teacher preparation program, and have <u>never held</u> a standard teaching license in Kansas, submit FORM 1.

To apply for an INITIAL KANSAS SUBSTITUTE LICENSE

- 1. Complete the application form 5 through section IV.
- 2. Include a \$70.00 fee made payable to the Kansas State Department of Education. Money orders and cashier's checks are preferred. Personal checks are accepted. <u>DO NOT SEND CASH</u>.
- 3. Determine if you need to submit fingerprints by reviewing the Kansas Fingerprint Information on the next page. If fingerprints are needed, follow the instructions for submitting a fingerprint card.
- 4. If you have held a Kansas standard certificate or license (current or expired): No additional documentation is needed.
- 5. If this is your initial Kansas Substitute license and you completed an out-of-state approved teacher education program:

*Attach a complete set of official transcripts; AND

*Form 5A must be completed and mailed to the licensure officer at the institution where you completed your teacher education program.

 Mail the application, fee and all applicable supporting documents to: Teacher Licensure and Accreditation, KSDE, Landon State Office Building, 900 SW Jackson Street, Suite 106, Topeka, KS 66612-1212. Processing fee <u>cannot</u> be refunded and does not guarantee a license will be issued.

To apply for RENEWAL of a KANSAS SUBSTITUTE CERTIFICATE

- 1. Complete the application form 5 through section IV.
- Include a \$70.00 fee made payable to the Kansas State Department of Education. Money orders and cashier's checks are preferred. Personal checks are accepted. <u>DO NOT SEND CASH</u>. <u>Do not</u> <u>combine this fee with the background fee if you are submitting fingerprints.</u>
- 3. Determine if you need to submit fingerprints by reviewing the Kansas Fingerprint Information on the back of this page. If fingerprints are needed, follow the instructions for submitting fingerprint cards.
- 4. A substitute license renewal requires 50 professional development points awarded by a Kansas district. Attach an official PDC transcript and an official college/university transcript if applicable.
- Mail the application, fee and all applicable supporting documents to: Teacher Licensure and Accreditation, KSDE, Landon State Office Building, 900 SW Jackson Street, Suite 106, Topeka, KS 66612-1212. Processing fee <u>cannot</u> be refunded and does not guarantee a license will be issued.

KANSAS TEACHER LICENSURE FINGERPRINT MEMO

Fingerprint Information and Instructions

Who needs a background check?

- Any applicant applying for their first Kansas license.
- Any applicant whose Kansas certificate/license has expired.
- Any applicant submitting any type of license application (renewal, added endorsement, initial school leadership/specialist license, etc.) if the applicant has never submitted fingerprints as a part of any previous application for a Kansas certificate or license.
- If this is your first license or your license is expired, make sure you submit your license application and fee <u>no later than six months</u> after you submit the fingerprint card and fee or you will required to submit a new card and fee.
- If your license is currently valid and you have never submitted fingerprints as any previous application for a Kansas certificate or license, <u>submit</u> your fingerprint card and fee at the time you submit your next license application.

You must use the Kansas preformatted card (FBI, FD258). Only one card is required.

1. Fill out the card:

- Complete name (including aliases, maiden, previous married), mailing address, social security number, citizenship and personal information (sex, race, height, weight, eyes, hair, place of birth, date of birth.)
- DO NOT SIGN THE CARD YET this will be done in front of the law enforcement officer.
- Final spaces for OCA, FBI and MNU numbers may be left blank if you do not have one of those numbers.
- Cards with missing or incomplete information will be rejected.
- 2. Have your prints taken <u>Only a qualified law enforcement officer or properly trained school personnel can take</u> your fingerprints:
 - Contact your local law enforcement agency before you go! They may require an appointment.
 - Take at least one form of picture identification with you.
 - Some law enforcement agencies may charge a fee to take your prints.
 - Sign the card in front of the officer taking your prints.
 - Digital prints are accepted as long as they are in the FD258 format.

3. Background check fee:

- Prepare check or money order for \$50.00 made payable to KSDE.
- DO NOT SEND CASH.
- The \$50.00 for the background check must be submitted as a separate payment from the application fee that is submitted with the license application. Do NOT combine the background fee and the application fee.
- A card submitted without the background check fee of **\$50.00** will not be processed.

4. Mail the card and the fee (DO NOT BEND THE CARD):

Place adequate postage on an envelope addressed to:

You may use this as a mailing label on any envelope or the one this fingerprint packet arrived in.

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

- Request the law enforcement agency performing the fingerprinting process to place the card along with your \$50.00 background check fee in the envelope, seal it and mail it.
- Bent or folded cards will not be accepted and a new fingerprint card will be mailed to you for prints to be taken again.

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, see, disability or age in its programs and activities and provides equal access to the Boy Souts and other designated youth goups. The following person has been designated to thandle inquirier regarding the non-discrimination policies: KSDE General Coursel, Office of General Coursel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201 Dec 2015: Kans. Land 900 S Topel

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





LICENSE

FORM	
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	Sign	 Legal	Consultant
ONLY	Fee		
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Use	RAP	Sendback	
KSDE	M&E	Verified by	
K K	Walk-in		

I. VITAL INFORMATION

1. Soc	ial Security Number	· • .							
2. Leg	gal Name	(First)	(Mid	dle)	(Last)				
3. Lis	st all prior names (m	aiden, alias, previous marr	ied, etc.)					
4. Ma	iling Address			City		State	Zip Code		
	thdate MM/DD/YYYY)	6. Gender	7. Pho	one:			-		
		□ Female	Alt	ernate Phone:	-		-		
8. Ethnicity (Mark only if applicable) Hispanic/Latino									
9. Rad	ce (Choose one or mo	re) 🗌 American Indian or A 🗌 Native Hawa		ative 🔲 Black or A Other Pacific Islander	African Ame	rican [to Desig	White Asian		
10. Ha	ave you honorably se	erved in any branch of the	US Arm	ed Forces, including	the Nationa	l Guard a	and Reserves?		
] No Yes								
		l years below in a and b.	ftha US	Amond Forman (if non	a antan "(0")				
		duty service in any branch of al guard/reserve service (if no			e enter 0)				
11. Er	mail Address (Please	provide an email address that	at will be	e active throughout the	e application	process so	o that we may notify yo	u	
of the	changing status of yo	ur application.)							
				ng mangt ha angena	nod)				
		AL CONDUCT (All q estions very carefully. Failure				it annron	riste documents will dels	a w	
		Unless expunged, you are requ					trate documents will dela	iy	
12. a.	Have you <u>EVER</u> been					_			
b.	NO YES	If yes, please attach a certif convicted of <u>ANY</u> crime invo			nt and of the jo	ournal entry	of conviction.		
D.	\square NO \square YES	If yes, please attach a certif			nt and of the io	ournal entry	of conviction.		
c.		red into a diversion agreemen						r	
		neft, drugs, or a child?		_		_			
	NO YES	If yes, please attach a certi	ified copy	of the charging docume	ent, the diversion	on agreem	ent, and the journal entry		
d.	Are criminal charges	<u>closing that case.</u> pending against you in any sta	ate involv	ving any felony or any c	rime involvin	og theft. di	ugs, or a child?		
	NO YES	If yes, please attach a certif							
e.		er's or school administrator's	certifica	te or license denied, sus	spended, revo	ked or bee	en the subject of other		
	disciplinary action in			\square , · · \square	🗖				
	NO YES	If yes, please indicate the a Which state(s)?	ction take	en: denied, suspen	ided or \square revo	oked.			
		Please attach a copy of the	documen	ts regarding the official a	action taken.				
f.	_ <u> </u>	pending against you in any sta	0	6					
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g.		iction regarding any profession			të uemeu, susj	penueu, re	vokeu of been the subject	21	
	NO YES	If yes, please indicate the a			nded or 🗌 reve	oked.			
		Which state(s)? Please attach a copy of the	documen	ts regarding the official	action taken				
h.	Have you ever been te	rminated, suspended, or othe				on for fals	ifying or altering student	t	
	tests or student test se	cores?							
	□ NO □ YES	If yes, which district(s)?	_	When?					
i.	Have you ever falsifie	d or altered assessment data, of If yes, what state(s)?		i ts, or test score reports Vhen?	required for	licensure			
		ii yes, what state(s)!	v	110111					

III. VERIFICATION STATEMENT

13. 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 certificate or 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 including a release of any information concerning myself in the child abuse and neglect central registry records, 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 Signature

Date

 Include a \$70.00 Application Fee made payable to the Kansas State Department of Education. Money order or cashier's check preferred. Personal checks accepted. DO NOT SEND CASH.
Mail to: Teacher Licensure and Accreditation, KSDE, Landon State Office Building, 900 SW Jackson Street, Suite 106, Topeka, KS 66612-1212.
Processing fee CANNOT be refunded and does not guarantee a license will be issued.

KSDE is no longer printing and mailing paper licenses

You can view, save or print a copy of your license online at License Look-up at <u>https://appspublic.ksde.org/TLL/SearchLicense.aspx</u>. Enter the requested information and hit "search". When the search is completed, your license information page will display and you will see a button to "Print License". You may save a PDF and/or print a copy of your newly issued license using the Print License button.

You may also track your application processing through License Look-up. As soon as your status goes to "Printed" or "Not Active", the Print License button will become available and will remain available to you throughout the validity of your license. A license or certificate printed from the License Look-up website may be considered an "official copy" for district files.

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titution:]					Degree:	
I have completed an	out-of-	state te	acher educat	ion program an	d am applying for n	ny first subs
license: Complete de	legree ir	ıformat	tion below.			
Name of College/Univ	versity	State	Type of Degree	MM/DD/YY Conferred	Major for Degree Earned	Last Term of Attendance
Submit form 5A con education program v List the state approv	was con	npleted	AND official	college transcri	ipts verifying degre	
education program List the state approv	was con	npleted cation p	AND official program that	college transcri you completed:	ipts verifying degre	es earned.
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Institutional Verification of Approved Preparation Program(s) (Form 5a)

Konsas Education Teacher Licensure & Accreditation Kansas State Department							
TO BE COMPLETED BY APPLICANT							
Last 4 digits of SSN:							
Legal Name: First	Middle		Last				
List all prior names (maiden, alias, previous married, etc.):							
Mailing Address:							
City	State			Zip Code			
I hereby give my verifying institution permission to release an	wand all information no	adad					
Thereby give my verifying institution permission to release an	iy anu an iniornation ne	eueu.					
-		L					
Signature of the Applicant		Date					
TO BE COMPLETED BY DESIGNATED LIC	ENSURE OFFIC	ER					
1. Complete requested information.							
2. Affix your institution's official stamp or seal to	the bottom right si	de of the page.					
3. Mail in a sealed envelope to the address listed	d at the top of the pa	age or send electi	onically directly	to form2a@ksde.c	org		
The applicant completed requirements for a degree from this	institution: 🗌 YES 📃	NO					
The applicant completed an approved preparation program in	the licensure area(s) of:						
Preparation Program Completed -	Conda Laurale assured		Program was	delivered: (check approp	oriate column)		
Indicate each Subject or Endorsement area (Elementary education, mathematics, school counselor, building	Grade Levels covered by the program	Date Program			Combo online/		
leadership, etc.)	(K-6, 7-12, etc.)	Completed	Online	Campus based	campus based		
l verify the applicant completed preparation pr	- 11 b						
in the area(s) and at the level(s) verified. The	approved program was i	n effect during the ap	plicant's period of pr	ogram completion.			
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Authorized Signature	Address		
Print Name	City	State	Zip Code
Title	Phone Number		
Name of Institution			
		At	fix Official Stamp or Seal