

Application to Reinstate a Montana 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 cannot be submitted electronically. We suggest one of the following three 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 <input style="width: 150px;" type="text"/>		First Name <input style="width: 150px;" type="text"/>		Middle Initial <input style="width: 50px;" type="text"/>	
	Folio ID (assigned by OPI) <input style="width: 50px;" type="text"/>		Name as you wish it to appear on your license <input style="width: 200px;" type="text"/>			
	Address <input style="width: 150px;" type="text"/>			Former Name(s) (Maiden or Other) <input style="width: 100px;" type="text"/>		
	City <input style="width: 80px;" type="text"/>	State <input style="width: 40px;" type="text"/>	Zip Code <input style="width: 60px;" type="text"/>	Country <input style="width: 100px;" type="text"/>		
	Last four digits of your SSN <input style="width: 60px;" type="text"/>		Date of Birth <input style="width: 60px;" type="text"/>	Email <input style="width: 100px;" type="text"/>		
	Cell Phone <input style="width: 60px;" type="text"/>		Home Phone <input style="width: 60px;" type="text"/>	Other Phone <input style="width: 60px;" type="text"/>		
	Is the Applicant Hispanic/Latino?	<input type="radio"/> Yes <input type="radio"/> No	Is the applicant from one or more of the following races:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Gender: <input type="radio"/> Female <input type="radio"/> Male	

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):

Class(es) Reinstating and Fees	Please select the Class(es) of License you are reinstating from the list below. You may select more than one, if you held more than one. For those eligible to change their Class of License at time of reinstatement, please indicate so here.		
	<input type="checkbox"/> Class 1 Professional Teaching	<input type="checkbox"/> Class 3 Administrator	<input type="checkbox"/> Class 6 School Counselor/School Psychologist
	<input type="checkbox"/> Class 2 Standard Teaching	<input type="checkbox"/> Class 4 Career/Technical Teaching	<input type="checkbox"/> Class 8 Dual Credit/Postsecondary Faculty
	How many Licenses are you reinstating (number of boxes checked above)? Class 1 Teaching and Class 3 Administrator = 2		Times \$30 per license = \$60
	Total Due: \$60		
How many Licenses are you reinstating? <input style="width: 50px;" type="text"/>		Times \$30 per license <input style="width: 50px;" type="text"/>	Total Due <input style="width: 50px;" type="text"/>
You must subscribe to the following oath or affirmation, which was included in your initial application for Montana Licensure, per MCA 20-4-104 (1)(d) : "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."			Initial Here <input style="width: 50px;" type="text"/>

Please Note: Official Transcripts, Original Grade Reports, Original OPI Renewal Unit Certificates or other official documentation of coursework must be received in Educator Licensure before your reinstatement can be completed. 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 reinstatement evaluations are completed within 4 to 6 weeks.

Verification of Reinstatement Activities

Last Name	First Name	MI
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<p style="text-align: center;">College Credit</p> <p>All academic credit must be earned from a regionally accredited college or university</p>	<p style="text-align: center;">Renewal Units</p> <p>All renewal units must be earned from OPI-approved providers and awarded during the valid term of the license.</p>
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Class	Type of License	Requirement
2	Standard	Combination of college credit and OPI renewal units: 3 semester credits and 15 OPI renewal units; or 4 semester credits; or 4 quarter credits and 20 OPI renewal units; or 5 quarter credits and 10 OPI renewal units; or 6 quarter credits
1 3	Professional Teaching or Administrator	60 OPI renewal units or any combination of OPI renewal units and semester/quarter college credits.
4A	Career and Technical With a Class 1 or 2 Teaching License	For quantity, see Class 2 above At the first renewal, appropriate content areas must include, but shall not be limited to: Principles and/or philosophy of career and technical education; Safety and teacher liability. Note: Those Class 4A licensees with a master's degree may meet these requirements with renewal units only.
4B & 4C	Career and Technical NO Class 1 or 2 Teaching License	For quantity, see Class 2 above Appropriate content areas must include: Principles and/or philosophy of career and technical education; Curriculum and instruction in career and technical education; Learning styles/teaching styles; including serving students with special needs; Safety and teacher liability; Classroom management; Teaching methods; career guidance in career and technical education; or Endorsement-related technical studies, with prior approval.
5	Alternative	Cannot be renewed; converts to a full license or expires.
6	6 School Psychologist; or School Counselor	60 OPI renewal units; or any combination of OPI renewal units and graduate level credits
8	Dual Credit-Only Postsecondary Faculty	60 renewal units. Note: if the licensee holds a master's degree, the instruction of a relevant higher education course may meet the definition of "renewal units".

I submit the following college credit for consideration of my license reinstatement:

College or University	Term(s) Attended	Credit(s) Earned	
			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.
		<input type="radio"/> Quarter Credits	
		<input type="radio"/> Semester Credits	
		<input type="radio"/> Quarter Credits	
		<input type="radio"/> Semester Credits	
		<input type="radio"/> Quarter Credits	
		<input type="radio"/> Semester Credits	
		<input type="radio"/> Quarter Credits	
		<input type="radio"/> Semester Credits	

I submit the following renewal unit activity(ies) for consideration of my license reinstatement (you may attach an additional sheet):

Date of Event	Approved Provider Name	Event Title	RUs Earned

<input type="checkbox"/> Transcripts and/or original OPI renewal unit certificates are included with this application.	Total	
<input type="checkbox"/> Transcripts have been ordered from the university(ies) and will be sent directly to the OPI.		

Character and Fitness Information

Last Name	First Name	MI
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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:
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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

<input type="checkbox"/> Letter of Warning	<input type="checkbox"/> Suspension	<input type="checkbox"/> Voluntary Surrender	<input type="checkbox"/> Failure to Renew	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Reprimand	<input type="checkbox"/> Denial	<input type="checkbox"/> Revocation	<input type="checkbox"/> 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

<input type="checkbox"/> Deferred Prosecution	<input type="checkbox"/> Deferred or Suspended Imposition of Sentence	<input type="checkbox"/> Deferred Adjudication
<input type="checkbox"/> Stay of Adjudication	<input type="checkbox"/> First Time Offender Programs	<input type="checkbox"/> 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
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Checklist

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

Application & Fees	<input type="checkbox"/> All required and applicable sections of the application are complete.
Application & Fees	<input type="checkbox"/> A check for the appropriate amount is enclosed, payable to the OPI.
Transcripts	<p>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.</p> <input type="checkbox"/> Transcripts have been ordered from the university(ies) and will be sent directly to the OPI.
Transcripts	<input type="checkbox"/> Transcripts included with this application.
Fingerprint-Based Background Check Requirement	<p>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.</p>
Fingerprint-Based Background Check Requirement	<input type="checkbox"/> 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 Complete?	<input type="checkbox"/> Page 3, top, Social Security Number Disclosure Acknowledgement
Signatures Complete?	<input type="checkbox"/> Page 3, 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 choose to accept the postcard to determine eligibility for their interview process.

