

# Application for a Montana Class 4 Career and Technical Educator License

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

<b>Personal Information</b>	Last Name <input style="width: 200px;" type="text"/>		First Name <input style="width: 200px;" 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: 400px;" type="text"/>			
	Address <input style="width: 300px;" type="text"/>			Former Name(s) (Maiden or Other) <input style="width: 150px;" type="text"/>		
	City <input style="width: 100px;" type="text"/>	State <input style="width: 50px;" type="text"/>	Zip Code <input style="width: 100px;" type="text"/>	Country <input style="width: 100px;" type="text"/>		
	Last four digits of your SSN <input style="width: 50px;" type="text"/>		Date of Birth <input style="width: 100px;" type="text"/>	Email <input style="width: 150px;" type="text"/>		
	Cell Phone <input style="width: 100px;" type="text"/>		Home Phone <input style="width: 100px;" type="text"/>	Other Phone <input style="width: 100px;" 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	

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):

<b>Oath</b>	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."
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<b>Declaration</b>	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.
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<b>Notary</b>	<b>Signature of Applicant</b> _____
	<b>Subscribed and sworn before me this</b> _____ <b>day of</b> _____, <b>20</b> _____.
	<b>Signature of Notary Public</b> _____
	<b>My Commission Expires</b> _____
	<b>County of</b> _____
<b>State of</b> _____	

Last Name		First Name		MI	
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**I am applying for the following License:**

<input type="checkbox"/> <b>Class 4A</b>	<input type="checkbox"/> <b>Class 4B</b>	<input type="checkbox"/> <b>Class 4C</b>
<input type="checkbox"/> I hold a Montana Class 1 or 2 Educator License	<input type="checkbox"/> I have a Bachelor's degree <input type="checkbox"/> I have a Master's degree	<input type="checkbox"/> 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.

<b>Industrial, Manufacturing &amp; Engineering Systems</b>		<b>Agriculture, Food and Natural Resources</b>		<input type="checkbox"/> <b>Health Sciences</b>
<input type="checkbox"/> Auto Body	<input type="checkbox"/> Electronics	<input type="checkbox"/> Ag Business, Mktg & Com		
<input type="checkbox"/> Automotive Technology	<input type="checkbox"/> Heavy Equipment Operator	<input type="checkbox"/> Ag Mechanics		
<input type="checkbox"/> Aviation	<input type="checkbox"/> Industrial Mechanics	<input type="checkbox"/> Horticulture		
<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Machining	<input type="checkbox"/> Livestock Production		<b>Arts &amp; Communication</b>
<input type="checkbox"/> Building Trades	<input type="checkbox"/> Metals	<input type="checkbox"/> Plant & Soil Sciences		<input type="checkbox"/> Graphic Arts
<input type="checkbox"/> Diesel Mechanics	<input type="checkbox"/> Small Engines	<b>Business Mgmt &amp; Info Systems:</b>		<input type="checkbox"/> Theater Arts
<input type="checkbox"/> Drafting	<input type="checkbox"/> Welding	<input type="checkbox"/> Computer Info Systems		<input type="checkbox"/> Video & Film Production
		<input type="checkbox"/> Culinary Arts		

**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, <input style="width: 90%;" type="text"/>	am making application for a Montana Class 4 Career and Technical Educator License.
I authorize <input style="width: 90%;" type="text"/>	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	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> Part time	<b>Or</b>	<input type="checkbox"/> Full time	From (month/yr)
If "Part Time", please indicate FTE equivalent (eg .25 for 1/4 time)	<input style="width: 95%;" type="text"/>		To (month/yr)
			<input style="width: 95%;" type="text"/>
As a(an)	<input style="width: 95%;" type="text"/>	Job responsibilities include(d)	<input style="width: 95%;" type="text"/>
	Job Title		Job Description (may attach a separate document)
Printed Name of Person Completing the Form	<input style="width: 95%;" type="text"/>		Signature
Date	<input style="width: 95%;" type="text"/>	May we contact you with additional questions?	<input type="radio"/> Yes
			<input type="radio"/> No
Employer Address	<input style="width: 95%;" type="text"/>		
City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>
		Zip Code	<input style="width: 95%;" type="text"/>
Phone	<input style="width: 95%;" type="text"/>	email	<input style="width: 95%;" type="text"/>

## Character and Fitness Information

Last Name <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>	MI <input style="width: 90%;" type="text"/>
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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 <input style="width: 90%;" type="text"/>	<b>Signature</b> <input style="width: 95%; height: 25px;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
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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 <input style="width: 90%;" type="text"/>	Type of License <input style="width: 90%;" type="text"/>	Certificate or License Number <input style="width: 90%;" type="text"/>
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State or Jurisdiction <input style="width: 90%;" type="text"/>	Type of License <input style="width: 90%;" type="text"/>	Certificate or License Number <input style="width: 90%;" type="text"/>
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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.*

<b>Signature</b> <input style="width: 95%; height: 25px;" type="text"/>	Date <input style="width: 90%;" type="text"/>
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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.**

<b>Fee</b>	<input type="checkbox"/> A check for \$36 is enclosed, payable to the OPI.
<b>Work Experience Forms</b>	<input type="checkbox"/> All appropriate work experience forms accompany this application.
	<input type="checkbox"/> Work experience forms will arrive separate from this application from the employers listed on page 2.
<b>Transcripts</b>	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="checkbox"/> Transcripts have been ordered from the university(ies) and will be sent directly to the OPI.
	<input type="checkbox"/> Transcripts included with this application.
<b>Fingerprint-Based Background Check Requirement</b>	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.
	<input type="checkbox"/> My Fingerprint card has been mailed to Montana Department of Justice <b>OR</b> 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.
<b>Signatures Provided?</b>	<input type="checkbox"/> Page 1, Notary Section, verifying the Oath.
	<input type="checkbox"/> Page 4, top, Social Security Number Disclosure Acknowledgement
	<input type="checkbox"/> 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.

