

# Application for a Montana Class 5 or 6 School Psychologist License

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

Instructions Specific to the Class 5 or 6 School Psychologist License:

Use this form if you are applying for a Montana Class 5 Alternative or a Class 6 Specialist License endorsed as a School Psychologist. The Class 5 Alternative License is for those applicants who have not completed ALL requirements for the Class 6 Specialist License. Those eligible for a Class 5 License have 3 years to complete the requirements for full licensure. Deficiencies will be identified by the MT Association of School Psychologists Review Board.

If you believe you are eligible for the full license, please apply appropriately. You will be offered the license for which you qualify.

<b>The Applicant....</b>	
<b>Completes...</b>	<b>Part A</b> General Information; and <b>Part B</b> Character and Fitness Questionnaire
<b>Completes...</b>	A fingerprint-based background check by: Printing the instructions from the website and taking the instructions with you to your local law enforcement office. Follow the directions on the Instruction Sheet; OR Ordering a fingerprint kit from <a href="http://www.opi.mt.gov/cert">www.opi.mt.gov/cert</a> and proceeding to your local law enforcement or official trained
<b>Submits...</b>	Parts A and B of the application and the \$36 fee to OPI, Educator Licensure; and Fingerprints to the Montana Department of Justice with a \$27.25 fee.
<b>Receives...</b>	Notice from OPI that Parts A and B are complete.
<b>Continues...</b>	To Part C Applicant submits the following to the Montana Association of School Psychologists Review Board: MASP Application Form (Information available at <a href="http://masponline.us/">http://masponline.us/</a> ); Official Transcripts; OPI Class 6 Licensure Application page 4; and Notice of Completion of OPI Application, Parts A and B.

**The Montana Association of School Psychologists...**

<b>Verifies...</b>	All required documents are received; and At their next meeting, MASP reviews the application materials.
<b>Advises...</b>	The Director of the School Psychologist Program at the University of Montana of the applicant's eligibility for licensure.

**The University of Montana...**

<b>Completes...</b>	The recommendation for licensure to the OPI and forwards all documentation, including official transcript to OPI.
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**The OPI...**

<b>Issues...</b>	The License.
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# Application for a Montana Class 6 School Psychologist License

**Denise Juneau, Superintendent**  
**Montana Office of Public Instruction**

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**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

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

## Part A: General Information

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: 80px;" 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: 80px;" type="text"/>	Country <input style="width: 100px;" type="text"/>		
	Last four digits of your SSN <input style="width: 80px;" type="text"/>		Date of Birth <input style="width: 80px;" type="text"/>	Email <input style="width: 100px;" 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			Gender:  <input type="radio"/> Female  <input type="radio"/> Male
			<input type="checkbox"/> Black or African American			
<input type="checkbox"/> Asian						
<input type="checkbox"/> White						
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander						

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.

**Signature of Applicant** \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Signature of Notary Public** \_\_\_\_\_

**My Commission Expires** \_\_\_\_\_

**County of** \_\_\_\_\_

**State of** \_\_\_\_\_

*Notary Seal*

## Part B: Character and Fitness Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input 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 type="text"/>	<b>Signature</b>	Date:	<input 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 type="text"/>	Type of License	<input type="text"/>	Certificate or License Number	<input type="text"/>
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State or Jurisdiction	<input type="text"/>	Type of License	<input type="text"/>	Certificate or License Number	<input 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

No

\*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.

<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.**

<input type="checkbox"/> I have completed the Montana-based fingerprint background check and mailed it to the Montana Department of Justice; or
<input type="checkbox"/> 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>	Date	<input type="text"/>
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## Part C: Academic and Education Experience Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>
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Information disclosed on 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 or use the form at <http://masponline.us/>, as long as all required information is included.

<b>Academic Background</b>	List all institutions which you have attended, regardless of the major program or if you earned a degree. The MASP must receive official transcripts from from each university listed.					
	College/University	City/State	Dates Attended	Degree	Major(s)	Minor(s)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Coursework for School Psychologist License</b>	<input type="checkbox"/> I hold current credentials as a nationally Certified School Psychologist (NCSP) from the National Association of School Psychologists; <b>OR</b>				
	<input type="checkbox"/> I have completed a minimum of a master's degree in School Psychology from a NASP approve School Psychology Program; <b>OR</b>				
	<input type="checkbox"/> A master's degree or higher in a related field from an accredited institution which includes graduate coursework/content with a minimum official transcript grade of B in the following areas:				
	Required Course Content	College/University	Course Title	Course Number	Grade
	Individual Intelligence Testing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Academic Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Introduction to Special Education Law and Policy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Behavioral Assessment and Behavioral Interventions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Exceptional Children and/or Child Psychopathology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Human Growth and Development	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Instructional Strategies/Academic Interventions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Social and Emotional Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Individual/Group Counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Administration, Role & Function of the School Psychologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Curriculum Based Measurement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Consultation and Collaboration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Coursework/Content the covers at least ONE of the Following: Tests and Measurement/ Psychometrics; Research Design; Statistics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Documentation of Supervised School Psychology Internship which meets NASP Standards	<input type="text"/>				

Note: You are not required to submit course syllabi with this application. However, the MASP Review Board reserves the right to request additional information concerning any course not clearly meeting requirements.

## 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.  
**Keep this page for assistance in tracking the progress of your application.**

### Step 1: Parts A and B, to OPI

<b>Application &amp; Fees</b>	<input type="checkbox"/> Sections A and B of the application are complete. and submitted to OPI on	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center; font-size: small;">(Date)</p>
	<input type="checkbox"/> A check for \$36 is enclosed, payable to the OPI.	
<b>Fingerprint-Based Background Check Requirement</b>	<p>Per Admin. R. Mont. 10.57.201A, 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>	
	<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 Complete?</b>	<input type="checkbox"/> Page 2, Notary Section, verifying the Oath.	
	<input type="checkbox"/> Page 3, top, Social Security Number Disclosure Acknowledgement	
	<input type="checkbox"/> Page 3, bottom, indicating the information provided is correct to the best of your knowledge.	
	<input type="checkbox"/> OPI Clearance Received on	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center; font-size: small;">(Date)</p>

### Step 2: Part C to the Montana Association of School Psychologists

<b>Documents to MASP</b>	<input type="checkbox"/> Part C of this form is complete for submission to MASP	
	<input type="checkbox"/> I have completed the MASP application materials (available at <a href="http://masponline.us/">http://masponline.us/</a> ).	
	<p><b>Transcripts</b> can be sent either directly to MASP from the college or university <b>OR</b> 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 MASP.	
	<input type="checkbox"/> Transcripts are included with this application.	
	<input type="checkbox"/> A check for the Review Board fee, payable to MASP, is attached.	
	<input type="checkbox"/> Required documents mailed to MASP on	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center; font-size: small;">(Date)</p>
	<p>Mail Part C and all other required documents to MASP:</p> <p>Joelene Goodover                  MASP Applicant Liaison                  803 Forest Avenue                  Great Falls, MT 59404</p>	

## 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 <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> 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	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Mail the completed fingerprint card to:</b>  <b>Montana Department of Justice</b>  <b>PO Box 202403</b>  <b>Helena, MT 59620-2403</b></p> </div> <div style="width: 50%;"> <p><b>Include a check for \$27.25, payable to the DOJ.</b></p> <p><b>DO NOT FOLD THE COMPLETED FINGERPRINT CARD.</b></p> </div> </div>
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.

**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

FBI

LEAVE BLANK

  

SIGNATURE OF PERSON FINGERPRINTED \_\_\_\_\_

RESIDENCE OF PERSON FINGERPRINTED \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF OFFICIAL TAKING FINGERPRINTS \_\_\_\_\_

EMPLOYER AND ADDRESS  
 Montana Office of Public Instruction  
 Attn: Educator Licensure  
 PO Box 202501  
 Helena, MT 59620-2501 1

REASON FOR APPLICANT  
 Montana Educator Licensure  
 ARM 10.57.201A 2

ALIASES: AKA

CITIZENSHIP: CIT

YOUR NO.: OCA

FBI NO.: FBI

ARMED FORCES NO.: MNU

SOCIAL SECURITY NO.: SOC

MISCELLANEOUS NO.: MNU

DATE OF BIRTH: DOJ  
 Month \_\_\_\_\_ Day \_\_\_\_\_

PLACE OF BIRTH: PO  
 \_\_\_\_\_

CLASS: \_\_\_\_\_

REF: \_\_\_\_\_

  

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

**To the right is a sample of a standard fingerprint card from a local law enforcement 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.**

**Denise Juneau, Superintendent**  
 Montana Office of Public Instruction  
[www.opi.mt.gov](http://www.opi.mt.gov)