

**APPLICATION CHECKLIST FOR
PROVISIONAL LICENSE**

1. If you are requesting a provisional certificate and currently hold a valid professional teaching certificate from the state of Missouri; the following must be submitted:

Application Form

Application for Provisional Certificate (Joint Application); signed by the employing school district;

Note: If the certification requested is for Early Childhood, Early Childhood Special Education, or Student Services you will also need to submit an Academic Contract completed by the certification officer at an accredited college or university in Missouri with an approved program for the designated area.

Transcripts

Original transcripts from **ALL** institutions attended must be provided. Please be sure your complete social security number is listed. **Note:** a minimum grade point average of 2.5 on a 4.0 scale in the major field and overall is required; and

Background Check (see below)

2. If you are requesting a provisional certificate and do not hold a valid teaching license but are 1.) within twelve hours of completing a teacher preparation program from an accredited college or university in Missouri; or 2.) enrolled in an alternative/innovative college program in Missouri the following must be submitted;

Academic Contract

Academic Contract signed by the certification officer at an accredited college or university in Missouri with an approved program.

Transcripts

Official transcripts from **ALL** institutions attended must be provided. Please be sure your complete social security number is listed. **Note:** a minimum grade point average of 2.5 on a 4.0 scale is required.

Background Check

A criminal background check must be completed. Please contact L-1 Enrollment Services Division to schedule an appointment by calling 866-522-7067 or online at <http://www.iisfingerprint.com>. The current processing fee for this procedure is \$52.20. Please provide the following information when scheduling an appointment:

- County/District code number of the hiring school district; if not employed please use code number 999999;
- Your certification status, which will be a certified educator (E); and
- DESE's ORI number, which is MO920320Z.

Any questions regarding this portion of the application process should be directed to the Department of Elementary and Secondary Education, Conduct and Investigations Section at 573-522-8315.

**If you have questions regarding this process please contact
Educator Certification at 573-751-0051.**

PLEASE BE SURE THAT THE APPLICATION PACKET IS COMPLETE!

An incomplete packet will not be processed. Mail the complete application packet to:

**Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480**

<http://dese.mo.gov>

You can check the status of your application on our website at:
https://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
 EDUCATOR CERTIFICATION
 POST OFFICE BOX 480
 JEFFERSON CITY, MISSOURI 65102-0480
 (573) 751-0051

APPLICATION FOR A MISSOURI TEACHER'S CERTIFICATE
 (INITIAL CERTIFICATE ACADEMIC CONTRACT)

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*	
CURRENT NAME (LAST, FIRST, MIDDLE)	
ALL MAIDEN/FORMER NAMES	
STREET ADDRESS	
CITY, STATE, ZIP CODE	EMAIL ADDRESS
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PHONE NUMBERS H _____ W _____

B. PROFESSIONAL CONDUCT (All questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

*View the Social Security Number Disclosure at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

C. SWORN AFFIDAVIT

I hereby attest that all information I am submitting is true and complete the best of my knowledge. I understand that any intentional misrepresentation of facts may result in denial or annulment of a license and that classification of statements on and with this attestation may be punishable by law. I authorize law enforcement agencies, courts, offices of prosecuting attorneys, and custodians of employment, school district, military, and licensure records to disclose to the Missouri Department of Education information from the records in their possession. I further authorize these agencies to permit the examination and to furnish copies of all records and other reports and the release of the records. I understand that the specific type of information to be disclosed includes reports of any kind of contained in my record file, regardless of their origin.

APPLICANT'S SIGNATURE	DATE
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SECTION II: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL.

List subject and grade level of certificate requested _____

I hereby affirm that _____ will be employed by this school district and used in the teaching position requiring the certificate listed above for the _____ -- _____ school year

His/her beginning contracted date is/was _____. The officials of this school understand that the applicant has previously applied for an additional certificate of license to teach and has been informed by the Office of Educator Certification that he/she is in fact eligible for the above requested certificate. I jointly request with the above applicant that this provisional certificate be issued.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL	NAME OF SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL
NAME OF DESIGNATED SCHOOL OFFICIAL	ADDRESS
POSITION HELD	CITY, STATE, ZIP CODE
PHONE NUMBER	DATE

SECTION III: APPLICANT INFORMATION

*SOCIAL SECURITY NUMBER	DATE OF BIRTH
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CURRENT NAME (LAST, FIRST, MIDDLE)	LIST ALL MAIDEN OR FORMER NAMES
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STREET ADDRESS	CITY, STATE, ZIP CODE
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SECTION IV: TO BE COMPLETED BY THE CERTIFICATION OFFICER AT THE RECOMMENDING MISSOURI INSTITUTION.

A. EDUCATION: List all colleges and universities, in order of attendance, at which courses were completed. If no other institutions, write NONE on the first line.

OFFICE USE ONLY	COLLEGE/ UNIVERSITY	STATE	DEGREE	YEAR	LAST TERM OF ATTENDANCE	HRS. ATT.	QUAL. PTS.

(Circle One) ACT/SAT Score _____	Praxis II Test Score _____	GPA TOTALS _____	OVERALL GPA _____
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IMPORTANT: Official transcripts listed in Part B must be received from schools before application is considered complete.

B. CERTIFICATION INFORMATION

- The above applicant has been admitted to the teacher education program of this institution.
- The above applicant has been admitted to the counselor education program of this institution.
- The above applicant has been admitted to the Alternative Certification Program of this institution on the authority of the State Board of Education Rule 5 CSR 80-800-360.

Upon satisfactory completion of the requirements outlined below, this institution will then recommend the issuance of a professional certificate in the area of _____ grade level _____.

REQUIREMENT	SEM. HOURS	REQUIREMENT	SEM. HOURS
1.		5.	
2.		6.	
3.		7.	
4.		8.	

SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL	DATE
NAME OF INSTITUTION	AFFIX OFFICIAL STAMP OR SEAL HERE
ADDRESS OF INSTITUTION	
PHONE NUMBER	

NOTE: OFFICIAL TRANSCRIPTS MUST ACCOMPANY THIS CONTRACT

In consideration of the recommendation for issuance of a two year certificate with a professional commitment, I will continue my academic preparation with your institution during the valid period of this certificate until all requirements outlined above have been completed. I will not take any courses, correspondence or extension work from any other institution without first receiving the approval of your institution. I understand that a professional certificate will then be issued by the Department of Elementary and Secondary Education.

SIGNATURE OF APPLICANT	DATE
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65101-0480; telephone number 573-751-4581.

OFFICE USE ONLY

Contract Approved Contract Disapproved Date: _____

SIGNATURE OF SUPERVISOR OF EDUCATOR CERTIFICATION _____

CLASSIFICATION			CERTIFICATION							
Step	Effective. Date	Code	Action	Level	Sub	Cls	Effective. Date	RI	Code	