

**APPLICATION CHECKLIST FOR MISSOURI TEACHER'S LICENSE
FOR NON-MISSOURI GRADUATES**

Your completed application packet must include each of the following items:

- APPLICATION FORM**
Complete Section I, parts A-E, and Section II, parts A-B. Processing time varies from 2-6 weeks depending on application activity!
- INSTITUTIONAL RECOMMENDATION** (not required if you possess a valid out-of-state license)
If you do not have a valid professional certificate in another state, you must complete Section I of the application form and forward it to the certification officer at the institution where you completed your **initial** teacher education program. The certification officer must complete Section III and return it TO YOU in a sealed and signed envelope. The unopened envelope(s) must be included with your application packet. **NOTE:** This portion of the application is not required if you hold a valid professional teaching certificate in another state; a temporary, emergency, and/or substitute teaching certificate is not applicable. If you do not hold a valid out-of-state license, your application will be evaluated based on current Missouri requirements.
- TRANSCRIPTS**
Original transcripts (no photocopies) 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.
- VERIFICATION OF APPROVED TEACHING EXPERIENCE**
Teaching experience must be contracted and at least half-time employment. Substitute teaching, student teaching, college teaching, or serving as a teacher's aide or assistant does not qualify as teaching experience. Teaching experience must be documented on the enclosed Verification of Teaching Experience form. You may duplicate the form as needed. The form must be signed by an official of the school system where you taught. The form(s) should be returned TO YOU in the school's official envelope. You may check <http://www.dese.mo.gov/divteachqual/teachcert/privateaccred.html> to determine the accreditation status of your previous district(s). **If you do not have approved teaching experience**, please write "none" across the form and return it.
- VALID TEACHING CERTIFICATE(S)**
If you hold a valid teaching certificate(s) or license(s) in another state, you must include a photocopy of the certificate(s) with your packet.
- PRAXIS II SCORE REPORT**
The Praxis II Specialty Area Test is no longer required from certified out-of-state applicants; however, if you have test scores we request that they are submitted for each area of certification for which you are applying. A photocopy of the report is acceptable.
- \$50 PROCESSING FEE + \$35 UPGRADE FEE (4+ YEARS EXPERIENCE)**
You may pay by credit card or e-check at https://secure.collectorsolutions.com/csi_ecollections_portal_ui/interchange.aspx?CIID=lk3zm2he&STE=2
(copy and paste the address into your browser if needed)
You may pay by check or money order made payable to "Treasurer, State of Missouri."
If you have 4 or more years of verified teaching experience, an additional fee of \$35 is required to issue the Career level of certification.
- 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 your 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.

Collect all required documentation and return it in a **SINGLE PACKET**. The items become the property of the Department of Elementary and Secondary Education and will not be returned or released to other agencies.

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE! 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 INITIAL MISSOURI TEACHING CERTIFICATE FOR NON-MISSOURI GRADUATES

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

\$50 Processing Fee for Out-of-State
\$35 Fee for Career level certification (4+ years of experience)

Credit Cards accepted at https://secure.collectorsolutions.com/csi_ecollections_portal_ui/interchange.aspx?CIID=Ik3zm2he&STE=2
 (copy and paste the address into your browser if needed)
 Check or money order payable to "Treasurer, State of Missouri"

*SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

EMAIL ADDRESS

DATE OF BIRTH

MALE FEMALE

PHONE NUMBERS

H _____ W _____

B. LIST ALL STATES WHERE YOU HOLD OR HAVE HELD A TEACHING CERTIFICATE.

ENCLOSE A COPY OF EACH CERTIFICATE.

C. MISSOURI AREA(S) OF CERTIFICATION REQUESTED.

SUBJECT AREA	GRADE LEVELS
_____	_____
_____	_____
_____	_____

D. 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
A. 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"/>
B. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
C. 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"/>
D. 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 Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

E. 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.

LEGAL 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 573-751-4212.

PLEASE RETURN THIS FORM TO:
EDUCATOR CERTIFICATION, PO BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
ORIGINAL SIGNATURE REQUIRED NO FAXES OR PHOTOCOPIES!
<http://dese.mo.gov>

SECTION II: APPLICANT INFORMATION

*SOCIAL SECURITY NUMBER		DATE OF BIRTH
CURRENT NAME (LAST, FIRST, MIDDLE)		LIST ALL MAIDEN OR FORMER NAMES
STREET ADDRESS	CITY, STATE, ZIP CODE	

**A. LIST ALL COLLEGES AND UNIVERSITIES WHERE THE APPLICANT COMPLETED COURSEWORK.
NOTE: SEE APPLICANT'S RELEASE STATEMENT IN SECTION I.**

NAME OF COLLEGE/UNIVERSITY	STATE	DEGREE	YEAR	DATES OF ATTENDANCE	TOTAL HOURS ATTEMPTED	TOTAL HOURS COMPLETED	TOTAL QUALITY POINTS
					TOTALS		
					OVERALL GPA		

B. LIST PRAXIS II TEST AREAS AND SCORES – IF REQUIRED BY STATE ISSUING ORIGINAL CERTIFICATE(S)

PRAXIS II Specialty Area Test(s)

_____ SUBJECT _____ SCORE _____

_____ SUBJECT _____ SCORE _____

PRAXIS II Principles of Learning and Teaching Test 5-9 7-12

_____ SCORE _____

SECTION III: IF YOU DO NOT HOLD A VALID PROFESSIONAL TEACHING CERTIFICATE IN ANOTHER STATE THIS SECTION MUST BE COMPLETED BY THE CERTIFICATION OFFICER OF THE STATE-APPROVED TEACHER EDUCATION INSTITUTION WHERE THE INITIAL TEACHER EDUCATION PROGRAM WAS COMPLETED.

Please carefully complete the information in this section regarding this applicant. To be valid, this form must be signed by the Certification Officer, Dean of the College or School of Education, the Chairman of the Education Department, or the Dean's designee at the institution where the applicant completed his/her teacher preparation program and certification program. A stamped signature must be initialed by the person using the stamp. Please verify your information with your school seal.

A. MAKE THE FOLLOWING RECOMMENDATION(S) BASED UPON YOUR STATE-APPROVED TEACHER EDUCATION PROGRAM WHICH THE APPLICANT HAS COMPLETED AT YOUR INSTITUTION.

A. I verify that this applicant has completed our state-approved teacher education program(s) in the major area(s) of:

_____ GRADE LEVEL _____ SUBJECT AREA _____ GRADE LEVEL _____ SUBJECT AREA

B. I verify that this applicant has completed our state-approved teacher education program(s) in the added endorsement area(s) of:

_____ GRADE LEVEL _____ SUBJECT AREA _____ GRADE LEVEL _____ SUBJECT AREA

C. I verify that this applicant has a minimum overall GPA of 2.5 on a 4.0 scale YES NO

D. I verify that this applicant has been or can be recommended for a full teaching certificate in our state. YES NO

RECOMMENDING INSTITUTION	CERTIFICATION OFFICER'S SIGNATURE	DATE
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B. STATE-APPROVED TEACHER EDUCATION PROGRAM APPROVAL INFORMATION

FIRST YEAR STATE APPROVAL WAS GRANTED	DATE CURRENT STATE APPROVAL EXPIRES	
REGISTRAR'S SIGNATURE	NAME OF INSTITUTION	AFFIX OFFICIAL STAMP OR SEAL HERE
PRINT/TYPE REGISTRAR'S NAME	ADDRESS OF INSTITUTION	
DATE	PHONE NUMBER	

**PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED AND SIGNED ENVELOPE.
ORIGINAL SIGNATURES REQUIRED – NO FAXES OR PHOTOCOPIES**



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
VERIFICATION OF TEACHING EXPERIENCE

SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED TEACHING EXPERIENCE.

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 _____
*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf		
I hereby give my former and/or current employer permission to release any and all information required in Section II.		
LEGAL SIGNATURE OF APPLICANT		DATE

SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

The above named individual was employed as a teacher in our school system as verified below.

BEGINNING DATE OF EMPLOYMENT		ENDING DATE OF EMPLOYMENT	TOTAL YEARS TAUGHT
SUBJECT AREA(S) TAUGHT	GRADE LEVEL(S)	SUBJECT AREA(S) TAUGHT	GRADE LEVEL(S)
NAME OF SCHOOL SYSTEM		SCHOOL IS ACCREDITED BY	
SCHOOL ADDRESS			
CITY, STATE, ZIP			
ADMINISTRATOR'S NAME (PRINT OR TYPE)	ADMINISTRATOR'S POSITION	SCHOOL PHONE NUMBER	
ADMINISTRATOR'S SIGNATURE		DATE	

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY

NOTE: Teacher certification in Missouri is designed as a two-level plan. Teachers are issued the appropriate level according to the number of years of teaching experience and the level of education. **Experience must be contracted and at least half-time. Substitute teaching or serving as a teacher's aide or assistant cannot be counted.**

PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE.

THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS

Original Signatures Required – No faxes or photocopies!

<http://dese.mo.gov>