



**OFFICE OF PUBLIC INSTRUCTION**

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Denise Juneau  
 Superintendent

**Class 8 Dual Credit-Only Postsecondary Faculty License Application**

<b>Instructions specific to the Class 8 Dual Credit-Only Postsecondary Faculty License Application:</b>	
<b>Applicant...</b>	
<b>Completes...</b>	<b>Part A:</b> <ul style="list-style-type: none"> <li>Page 3 (General Information),</li> <li>Page 4 (Employment Verification—university signature required), and</li> </ul> <b>Part B:</b> page 5 (Character and Fitness Questionnaire).
<b>Completes...</b>	A fingerprint based background check by: <ul style="list-style-type: none"> <li>Ordering a fingerprint kit from <a href="http://www.opi.mt.gov/cert">www.opi.mt.gov/cert</a>, proceeding to law enforcement or other official trained in fingerprinting; or</li> <li>Printing the instructions from the website and taking that form to local law enforcement. Follow the directions on the Instruction Sheet.</li> </ul>
<b>Submits...</b>	<ul style="list-style-type: none"> <li><b>Parts A and B</b> of the application and \$36 application fee to OPI, Educator Licensure; and</li> <li>Fingerprints to the Montana Department of Justice with \$27.25 fee.</li> </ul>
<b>Receives...</b>	Notice from OPI that <b>Parts A and B</b> are complete.
<b>Continues...</b>	To <b>Part C</b> (pages 7, 8 and 9 of this application). Applicant submits documentation to their Chief Academic Officer (CAO) or their designee of meeting the competencies of: <ul style="list-style-type: none"> <li>Admin. R. Mont. 10.57.301 (Endorsement Eligibility) and</li> <li>Admin. R. Mont. 10.58.501 (General Requirements for all Teachers).</li> </ul>
<b>CAO...</b>	
<b>Verifies...</b>	The evidence submitted by the applicant, assuring adequate evidence is present to demonstrate eligibility for the Class 8 License.
<b>Submits...</b>	Pages 7, 8 and 9 to OPI, Educator Licensure.
<b>OPI Licensure...</b>	
<b>Reviews...</b>	The application for completeness (ensures Parts A, B and C are submitted and complete).
<b>Submits...</b>	Part C of the application to the Review Panel for evaluation.
<b>Review Panel...</b>	
<b>Meets...</b>	Twice per year (March and October)
<b>Reviews...</b>	Part C of all Class 8 applications
<b>Recommends...</b>	The applicant for the Class 8 Licensure to OPI. If the Review Panel cannot recommend the applicant for licensure, OPI will formally deny the application for licensure, giving the applicant the right to appeal to the Board of Public Education.
<b>OPI Licensure...</b>	
<b>Issues...</b>	License as recommended by the Review Panel. Applicant will receive license or denial via mail.
<b>NOTE: This license is applicable ONLY to those college instructors teaching academic subjects to high school students. If you teach a vocational area such as welding or auto mechanics, you must apply for the Class 4 Career and Technical License.</b>	

The Montana Superintendent of Public Instruction is responsible for issuing all teacher, administrator, and specialist licenses in the state of Montana. The Educator Licensure Program at the Superintendent's Office of Public Instruction is responsible for evaluating all applications for licensure. Montana law requires that all educators be properly licensed and endorsed to deliver coursework to Montana's K-12 students. If you have not been licensed in Montana, you must complete this application material.

Montana law also requires that any applicant for initial licensure, any person seeking emergency authorization of employment or any applicant seeking to reinstate a lapsed, revoked or suspended license must submit information and material for a fingerprint-based national criminal history background check. The application for that background check is a separate packet of documents.

Educator Licensure Program Montana Office of Public Instruction PO Box 202501 Helena, MT 59620-2501	For more information, you may contact Educator Licensure at (406) 444-3150 or <a href="mailto:cert@mt.gov">cert@mt.gov</a> .
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## **Professional Educators of Montana Code of Ethics**

Professional educators recognize and accept their responsibility to create learning environments to help all students reach their full potential. They understand the trust and confidence placed in them by students, families, colleagues, and the community. To achieve their professional purpose, educators strive to maintain the highest ethical standards. The Professional Educators of Montana Code of Ethics sets out these fundamental principles which guide their behavior and will be used to judge their actions.

*Principle I. Commitment to Students and Families. The ethical educator:*

- A. Makes the well-being of students the foundation of all decisions and actions.
- B. Promotes a spirit of inquiry, creativity, and high expectations.
- C. Assures just and equitable treatment of every student.
- D. Protects students when their learning or well-being is threatened by the unsafe, incompetent, unethical or illegal practice of any person.
- E. Keeps information confidential that has been obtained in the course of professional service, unless disclosure serves a compelling purpose in the best interest of students, or is required by law.
- F. Respects the roles, responsibilities and rights, of students, parents and guardians.
- G. Maintains appropriate educator-student relationship boundaries in all respects, including speech, print, and digital communications.

*Principle II. Commitment to the Profession. The ethical educator:*

- A. Fulfills professional obligations with diligence and integrity.
- B. Demonstrates continued professional growth, collaboration and accountability.
- C. Respects the roles, responsibilities, and rights of colleagues, support personnel, and supervisors.
- D. Contributes to the development of the profession's body of knowledge.
- E. Manages information, including data, with honesty.
- F. Teaches without distortion, bias, or prejudice.
- G. Represents professional qualifications accurately.

*Principle III. Commitment to the Community. The ethical educator:*

- A. Models the principles of citizenship in a democratic society.
- B. Understands and respects diversity.
- C. Protects the civil and human rights of students and colleagues.
- D. Assumes responsibility for personal actions.
- E. Demonstrates good stewardship of public resources.
- F. Exemplifies a positive, active role in school-community relations.
- G. Adheres to the terms of contracts, district policies and procedures, and relevant statutes and regulations.

***Adopted by the Certification Standards and Practices Advisory Council January 27, 2012***



Denise Juneau, Superintendent  
 Montana Office of Public Instruction  
 PO Box 202501  
 Helena, Montana 59620-2501  
 www.opi.mt.gov  
 ATTN: Educator Licensure

## Part A: Class 8 Dual Credit-Only Postsecondary License Application

### SECTION I: Educator Information

Last Name		First Name		Middle Name	
Name as you wish it to appear on your license:			Email Address		
Mailing Address (Street, RFD, PO Box)			City	State	ZIP
Folio ID. (to be assigned)	Social Security No.	Date of Birth	Home or Cell Phone	Work Phone	

Specify the school year for which this license is being requested: 20\_\_\_\_ - 20\_\_\_\_

### SECTION II: Fee

I am enclosing a check or money order for \$36.00 (\$6.00 initial filing fee plus \$30 for the five-year license).

### SECTION III: (for statistical use only)

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other (specify)
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### SECTION IV: Signature (must be notarized)

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

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

#### 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 hereby 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 that 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 that I have read the **Professional Educators of Montana Code of Ethics**.

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

Subscribed and sworn before me

Signature of Notary Public \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_ (month/year).

*Notary Seal*

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

## Part A: Verification of Employment Eligibility

### Applicant:

Last Name	First Name	Middle Name
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### Verification Statement:

I hereby verify that \_\_\_\_\_ is on the faculty of \_\_\_\_\_ (college or university) pursuant to Admin. R. Mont. 10.57.437 (3) (a) and (b) and is applying to teach courses for which students will receive both high school and college credit(s) pursuant to Admin. R. Mont. 10.57.437 (2) and meets the definition of "college faculty" in Admin. R. Mont. 10.57.102 (10) cited below.

<b>Name of College or University</b>		
<b>Signature of Chief Academic Officer or their designated representative</b>		<b>Date</b>
<b>Printed name of Chief Academic Officer or their designee</b>		
<b>Title of Chief Academic Officer or their designee</b>		

### 10.57.102 DEFINITIONS

- (10) "Dual credit-only postsecondary faculty" means:
- (a) Qualified faculty employed by a regionally accredited postsecondary institution who:
    - (i) meet all qualifications for faculty set forth by the Montana Board of Regents or the regional accreditation organization, and the employing institution; and
    - (ii) have entered into a contractual employment relationship with the employing institution to assume formal teaching responsibilities for the course offered for dual credit.
  - (b) The regionally accredited postsecondary institution shall have hired the applicant through a process that includes all of the following:
    - (i) reference checks;
    - (ii) verification of the educational attainment level and experience appropriate and required for the discipline and the institution; and
    - (iii) compliance with the prevailing institution, system, and state policies, regulations, and laws.
  - (c) In addition to any postsecondary teaching assignments, an individual licensed as a dual credit-only postsecondary faculty pursuant to [NEW RULE I] is limited to teaching dual credit courses in their endorsed area to Montana high school students.

### 10.57.437 CLASS 8 DUAL CREDIT-ONLY POSTSECONDARY FACULTY LICENSE

- (1) A faculty member of a postsecondary institution is required to hold a Class 8 dual credit license, unless already licensed Class 1, 2, or 4 and properly endorsed, whenever a faculty member is teaching a course for which one or more students will earn both high school and college credit.
- (2) The license is valid for five years:
  - (a) as long as the license holder is a faculty member of a regionally accredited postsecondary institution;
  - (b) only for the delivery of courses that fall within an endorsable major or minor, or the equivalent, held by the faculty member; and
  - (c) only when teaching dual credit courses within the role and scope of their duties assigned by the employing secondary institution.
- (3) To obtain a Class 8 dual credit-only postsecondary faculty license, an applicant shall provide the following:
  - (a) Verification of faculty employment from the Chief Academic Officer or an appropriate official of the employing regionally accredited post secondary institution that the Class 8 licensure applicant meets the definition in ARM 10.57.102(10) in their role of teaching a dual credit course at a regionally accredited postsecondary institution; and
  - (b) Recommendation from the appropriate official from a Montana or NCATE accredited professional educator preparation program stating all of the following:
    - (i) Applicant has earned a major or minor or the equivalent in one of the endorsable teaching areas as set forth in ARM 10.57.301; and
    - (ii) Applicant is competent, pursuant to ARM 10.58.501, as demonstrated by the applicant's satisfaction of criteria set forth in a rubric developed and published by the Superintendent of Public Instruction in consultation with K-12 education and higher education; and
  - (c) Compliance with all other nonacademic requirements for licensure as required by 20-4-104, MCA, ARM 10.57.201(4) and 10.57.201A.
- (4) A Class 8 dual credit-only postsecondary faculty license shall be renewed pursuant to the requirements of ARM 10.57.215.
- (5) A Class 8 license shall not be valid unless the licensee is in an employment relationship with a regionally accredited postsecondary institution.

## Part B: Character and Fitness Information

Last Name	First Name	Middle Name
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	<b>Yes</b>	<b>No</b>
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Do you currently hold a Montana Educator License?  Yes  No

Do you currently hold or have ever held a professional certificate, license, or other credential in any other field(s)? You may attach additional sheets or copies of certificates, licenses or credentials (e.g. barber, real estate agent or architect). If yes, please provide the following (may attach a separate sheet):

State or Jurisdiction \_\_\_\_\_ Type of License \_\_\_\_\_ Certificate Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Answer each of the following questions by checking “Yes” or “No.” If the answer to any of the questions below is “Yes,” please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event. The questions apply to your experiences in Montana or in any other state or country.**

	<b>Yes</b>	<b>No</b>
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**1.** Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending?  
*Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.*

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**2.** 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?  
*The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.*

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**3.** Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?  
*You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of “no contest” (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402. If the answer to this question is “Yes” please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.*

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**Release of Information:**  
I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

Applicant Signature	Date
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**For Office of Public Instruction Use Only:**

Fingerprint Background Check Complete \_\_\_\_\_ Investigation Complete \_\_\_\_\_

Application Approved: \_\_\_\_\_ Date \_\_\_\_\_

Comments:

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**To the Applicant: Complete pages 7, 8 and 9 ONLY after you are notified by the Office of Public Instruction, Educator Licensure, of successful completion of:**

**Part A: Employment Eligibility; and**

**Part B: Character and Fitness/Fingerprint Background Check Clearance**

## Part C: Evidence of Eligibility for Licensure and Endorsement(s)

Last Name	First Name	Middle Name
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The following shall be acceptable evidence of adequate content (a major or the equivalent) in the subject area knowledge:

- Doctorate or terminal degree in the subject area
- Master's degree in the subject area
- Bachelor's degree in the subject area

Please outline, under each requirement, the evidence you are presenting for consideration by your Chief Academic Officer and the Review Panel. Accompanying documents should be clearly identified. Official transcripts are not required when the transcript is on file at your university. Photocopies of other documents may be acceptable, as determined by the members of the Review Panel.

**Endorsement(s):**  
**From the following list, select endorsement area(s) for which you are applying:**

<input type="checkbox"/> Agriculture <input type="checkbox"/> Art (K-12) <input type="checkbox"/> Biology <input type="checkbox"/> Business Education <input type="checkbox"/> Chemistry <input type="checkbox"/> Computer Science (K-12) <input type="checkbox"/> Dramatics <input type="checkbox"/> Earth Science <input type="checkbox"/> Economics <input type="checkbox"/> Economics—Sociology <input type="checkbox"/> English <input type="checkbox"/> English as a Second Language (K-12) <input type="checkbox"/> Family and Consumer Sciences <input type="checkbox"/> French (K-12)	<input type="checkbox"/> Geography <input type="checkbox"/> German (K-12) <input type="checkbox"/> Health <input type="checkbox"/> History <input type="checkbox"/> History—Political Science <input type="checkbox"/> Industrial Arts <input type="checkbox"/> Italian <input type="checkbox"/> Journalism <input type="checkbox"/> Latin (K-12) <input type="checkbox"/> Library (K-12) <input type="checkbox"/> Marketing <input type="checkbox"/> Mathematics <input type="checkbox"/> Music (K-12) <input type="checkbox"/> Physical Education & Health (K-12)	<input type="checkbox"/> Physical Science <input type="checkbox"/> Physics <input type="checkbox"/> Physics/Physical Science <input type="checkbox"/> Psychology <input type="checkbox"/> Political Science <input type="checkbox"/> Reading (K-12) <input type="checkbox"/> Russian (K-12) <input type="checkbox"/> Science (Broadfield) <input type="checkbox"/> Social Studies (Broadfield) <input type="checkbox"/> Sociology <input type="checkbox"/> Spanish (K-12) <input type="checkbox"/> Speech—Communication <input type="checkbox"/> Speech—Drama <input type="checkbox"/> Technology Education
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**I submit the following as evidence of meeting or exceeding the requirements of ARM 10.57.301:**

Select from the following:	University where earned	Date of award	Major	Coursework Equivalent* to a Major
<input type="checkbox"/> Doctoral degree(s) in the subject area				
<input type="checkbox"/> Master's degree(s) in the subject area				
<input type="checkbox"/> Bachelor's degree(s) in the subject area				

*\*The Professional Educator Preparation Standards, Admin. R. Mont. Chapter 58, allow a Montana approved Professional Educator Preparation Unit to substitute coursework or other evidence of subject matter competency in lieu of semester credits required under Chapter 57. If you are substituting coursework for degrees or majors and minors, please include documentation from an Accredited Professional Educator Preparation Program that those courses meet requirements of Admin. R. Mont. 10.57.301 and the respective section of the Professional Educator Preparation Standards.*

<b>Additional evidence submitted:</b>	
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## Part C: Evidence of Eligibility for Licensure and Endorsement(s)

Last Name	First Name	Middle Name	
<b>ARM 10.58.501, General Requirements for All Teachers</b>	<b>Applicant:</b>	<b>Chief Academic Officer or Official Designee:</b>	
	I submit the following as evidence of meeting or exceeding the requirements of ARM 10.58.501:	<b>Evidence Verified and Acceptable?</b>	
	<i>All Class 8 applicants. . .</i>	Yes	No (please explain)
(a) demonstrate understanding of and ability to integrate knowledge of the history, cultural heritage, and contemporary status of American Indians and tribes in Montana;			
(b) demonstrate understanding of the central concepts, tools of inquiry, and structure of the discipline(s) he or she teaches and creates learning experiences that make subject matter meaningful for students;			
(c) demonstrate understanding of how students learn and develop, and provide learning opportunities that support intellectual, social, and personal development;			
(d) demonstrate knowledge of how students, within different populations, including Montana American Indians, differ in their approaches to learning and create instructional opportunities that are adapted to diverse learners;			
(e) demonstrate understanding of personal, cultural and socioeconomic biases and teaching style differences that affect one's teaching;			
(f) utilize a variety of instructional strategies to encourage students' development of critical thinking, problem solving, and performance skills;			
(g) demonstrate understanding of individual and group motivation and behavior to create a learning environment that encourages positive social interaction, active engagement in learning, an self-motivation;			
<b>Continued on next page...</b>			

**PART C: ARM 10.58.501, General Requirements for All Teachers (continued from previous page)**

Last Name		First Name		Middle Name	
<b>All Class 8 applicants. . .</b>	<b>Applicant</b>		<b>Chief Academic Officer or Official Designee:</b>		
	<b>I submit the following as evidence of meeting or exceeding the requirements of ARM 10.58.501:</b>		<b>Evidence Verified and Acceptable?</b>		
			<b>Yes</b>	<b>No (please explain)</b>	
(h) demonstrate knowledge of effective verbal, nonverbal, media, and electronic communication techniques to teach the strategies of active inquiry, collaboration, and supportive interaction in the classroom;					
(i) plan instruction based on knowledge of subject matter, students, the community, curriculum goals, and appropriate use of current and emerging technologies;					
(j) demonstrate assessment strategies, tools, and practices to plan and evaluate effective instruction;					
(k) demonstrate continued growth in knowledge related to a particular subject area and the teaching of it;					
(l) demonstrate knowledge of strategies to build relationships with school colleagues, families, and agencies in the larger community to support students' learning and well-being; and					
(m) demonstrate the ability to foster contextual and experiential learning, to build connections between academic learning, and to build connections between academic learning and the skills required in the present and future workforce.					

**Verification Statement (completed by the CAO or their designee):**  
 With my signature, I attest that I have reviewed the evidence listed above and determined sufficient evidence is presented which meets or exceeds the requirements of Admin. R. Mont. 10.57.301 and 10.58.501. This is not a recommendation for licensure, but verification of readiness for review by the Review Team.

<b>Name of College or University</b>		
<b>Signature of Chief Academic Officer or their designated representative</b>		Date
<b>Printed name of Chief Academic Officer or their designee</b>		
<b>Title of Chief Academic Officer or their designee</b>		

- Current vita must be submitted with this portion of the application.
- All additional evidence must be available from either the Chief Academic Officer or the applicant upon request by the Office of Public Instruction and subject to an on-site review. Failure to produce the requested evidence within 30 days of receipt of the request may result in revocation or suspension of the Class 8 License