



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

P.O. Box 202501
 Helena, MT 59620-2501
 (406) 444-3095
 (888) 231-9393
 (406) 444-0169 (TTY)
 opi.mt.gov

Renewal Application Class 8

Renew any time after January 1 of the year in which your license expires. Complete all sections of this application.

Your application for license renewal 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 renewal application. This form requires the Chief Academic Officer or their designated representative's original signature and cannot be submitted electronically. Please refer to our website for renewal questions at www.opi.mt.gov/cert.

Last Name:		First Name:		Middle Initial:
Mailing Address:				
City:	State:	Zip Code:	Former Name(s):	
SEID #:	Phone Number:	Email Address:		
Last Four Digits of Your SSN:		Date of birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female	
Race (Choose one or more): <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White			Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	

To Be Completed By Employer Verification of Employment Eligibility

Verification Statement:	
I hereby verify that _____ (applicant)	
is on the faculty of _____ (college or university)	
and continues to demonstrate adequate education, experience and character to instruct dual enrollment course(s) for which students receive both high school and college credit. I recommend the above named applicant be approved for renewal of a Class 8 license.	
Name of College or University:	
Signature of Chief Academic Officer or their designated representative:	Date:
Printed name of Chief Academic Officer or their designee:	
Title of Chief Academic Officer or their designee:	

Please submit this application and the attached Character and Fitness verification form along with the \$30.00 renewal fee to the following address:	Montana Office of Public Instruction Attn. Educator Licensure PO Box 202501 Helena, MT 59620
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Character and Fitness (answer all questions to avoid delays)

Last Name:		First Name:		Middle Name or Initial:	
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.				<input type="radio"/> Yes <input type="radio"/> No	
State or Jurisdiction		Type of License		Certificate or License Number	
2. Have you ever had adverse action taken <u>against</u> 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.				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed	
<input type="radio"/> Letter of Warning	<input type="radio"/> Suspension	<input type="radio"/> Voluntary Surrender	<input type="radio"/> Failure to Renew	<input type="radio"/> Other (please describe)	
<input type="radio"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Revocation	<input type="radio"/> 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.				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed	
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. You may request a change, correction or update of your record from the FBI through FBI procedures set forth in Title 28, CFR 16.30 to 16.34. Note: <i>Most arrests and convictions show up on a background check even if purged or dismissed by a court.</i>				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed	
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. <i>*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.</i>				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed	
<input type="radio"/> Deferred Prosecution		<input type="radio"/> Deferred or Suspended Imposition of Sentence		<input type="radio"/> Deferred Adjudication	
<input type="radio"/> Stay of Adjudication		<input type="radio"/> First Time Offenders Programs		<input type="radio"/> Other Programs (Please describe)	
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.					
Taxpayer ID Number, Social Security Number or Canadian ID:					
<i>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.</i>					
Signature:				Date:	