



## Montana Application for Class 7 Native American Language and Culture Specialist License

<b>Requirements for Montana Class 7 American Indian Language Specialist License</b>	
1. The Superintendent of Public Instruction shall issue a Class 7 license based upon verification by the authorized representative of a tribal government, that has a memorandum of understanding with the Superintendent of Public Instruction, that the applicant has met tribal standards for competency and fluency as a requisite for teaching that language and culture. ARM 10.57.436	
2. Each Montana Indian tribe is authorized to establish the eligibility of persons who may be verified as eligible for the Class 7 license.	
3. The applicant is 18 years of age or older.	
4. The applicant is of good moral and professional character. (20-4-1-4 (2), MCA	
5. Fingerprint background check to be processed by the Montana Department of Justice. You will need to complete a separate fingerprint based background report for both OPI and your school. OPI cannot share the results with your school and your school cannot share the results with OPI. (See page 6 for instructions) ARM 10.57.201A	
<b>Montana Native American Language and Culture Specialist Licensure Application Checklist</b>	
I have completed all sections of the application and indicated the Native American language I am applying for.	Completed
I have enclosed a check or money order payable to Montana OPI for \$30 per license applied for and a one-time filing fee of \$6. (\$36 for one initial license, \$66 if applying for two licenses. Example: Class 7 and Class 2 both)	
I have enclosed the original Verification of Eligibility completed by the by the Tribal Chair or the Official Designee (page 3). <b>NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted from the applicant.</b>	
I have signed and dated the bottom of the Character and Fitness Information page. (page 4)	
I have recited the oath in the presence of a licensed notary and signed the notary page. (page 5)	
I have requested a fingerprint background check to be processed by the Montana Department of Justice. <b>DO NOT SEND THE FINGERPRINT CARD TO THE OFFICE OF PUBLIC INSTRUCTION</b> (page 6)	
<b>Important:</b> Applications will not be processed until all required documents/information has been received. <b>It is your responsibility to check with our office to ensure that all materials have been received. You can review your application at <a href="https://apps3.opi.mt.gov/SSO/Login/Login.aspx">https://apps3.opi.mt.gov/SSO/Login/Login.aspx</a></b>	All documents must be mailed to: <b>Montana Office of Public Instruction</b> Attn. Educator Licensure PO Box 202501 Helena, MT 59620



## Montana Application for Class 7 Native American Language and Culture Specialist License

**Please complete all sections of this application. Incomplete applications will not be evaluated. For questions regarding the application process please refer to our website at [www.opi.mt.gov/cert](http://www.opi.mt.gov/cert) .**

Last Name:		First Name:		Middle Initial:
Address:			Apartment/Unit #:	
City:	State:	Zip Code:	Former Name(s):	
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"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White			Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	
School year initial licensure to be active: July 1, _____				
Have you ever held a Montana Educator License? <input type="radio"/> Yes <input type="radio"/> No		If so, please indicate under what name.		

**VERIFICATION OF ELIGIBILITY FOR INITIAL LICENSURE**  
**(Completed by the Tribal Chair or the Official Designee)**  
**NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.**

Last Name:	First Name:	Middle Initial:
Is recognized by the (Enter Tribal Name) Tribe: _____, as having met the criteria as a Specialist in the (select language below):		
<input type="radio"/> Assiniboine		
<input type="radio"/> Blackfeet		
<input type="radio"/> Cheyenne		
<input type="radio"/> Chippewa		
<input type="radio"/> Cree		
<input type="radio"/> Crow		
<input type="radio"/> Dakota		
<input type="radio"/> Gros Ventre		
<input type="radio"/> Kootenai		
<input type="radio"/> Salish		
<input type="radio"/> Sioux		
Language and is, therefore, verified as eligible for a Class 7 Specialist license.		
Attested to by: Signature: (Tribal Chair or the Official Designee)		
Printed or Typed Name:		
Title:		
Date:		
Phone Number:		
Email Address:		

## Character and Fitness Information (answer ALL questions to avoid delays)

<b>Last Name</b>		<b>First Name</b>		<b>MI</b>
<b>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.</b>			<input type="radio"/> Yes <input type="radio"/> No	
<b>State or Jurisdiction</b>		<b>Type of License</b>		<b>Certificate or License Number</b>
<b>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.</b>			<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"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Revocation	<input type="radio"/> Cancellation	
			<input type="radio"/> Other (please describe)	
<b>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.</b>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed	
<b>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 . *Most arrests and convictions show up on a background check even if purged or dismissed by a court.</b>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed	
<b>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.</b> <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.				
<b>Taxpayer ID Number, Social Security Number or Canadian ID</b>				
<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>				
<b>Signature:</b>			<b>Date:</b>	
<b>Note: Your application will not be processed until we receive your fingerprint background check results. Have you submitted your background check to the Montana Dept. of Justice? (See instructions on Page 8)</b>			<input type="radio"/> Yes <input type="radio"/> No	

## **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.

*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 July 13, 2016***



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 as provided on the Montana OPI Educator Licensure website.

<b>Name of applicant:</b> (Please print legibly)			
<b>Date of Birth</b>		<b>Last 4 numbers of SSN</b>	

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

This document was signed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_  
 (Print name of signer)

Signature of Notary: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

Residing in the State of: \_\_\_\_\_ County of: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



## How to Initiate your Fingerprint Background Check

1. Go to your local law enforcement agency or any other agency offering fingerprinting services. Request that your fingerprints be taken for a background check. There may be a charge for this service. **Fingerprints must be clear. Smudged or unclear prints will be rejected. Therefore we recommend that you complete two fingerprint cards to ensure that your background check can be completed in a timely manner.**
2. Fill out all sections of the fingerprint cards with your personal information as needed. **Do not fold the completed fingerprint cards.**
3. Complete the following sections as instructed below:

**Employer and Address:** Montana Office of Public Instruction  
Educator Licensure Division  
PO Box 202501  
Helena, MT 59620-2501

**Reason Fingerprinted:** Montana Educator Licensure  
ARM 10.57.201A

**ORI:** MT025025Y  
DOJ-ST ID BUR  
Helena, MT

4. **Mail the completed fingerprint cards along with a Check for \$27.25 payable to the Montana DOJ to:**

Montana Department of Justice  
PO Box 201403  
Helena, MT 59620-1403

**DO NOT MAIL YOUR FINGERPRINT CARDS TO THE OFFICE OF PUBLIC INSTRUCTION!!!**

If you do, the cards will be returned to you and your application for licensure will be delayed. The fingerprint cards must be sent to the Department of Justice at the address above.

5. **You will need to complete a separate fingerprint based background report for both OPI and your school. OPI cannot share the results with your school and your school cannot share the results with OPI.**

For questions regarding the status of your background check call 406-444-3150. We will notify you by letter of rejected fingerprints and provide instructions on how to complete the process again.