



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

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 (406) 444-0169 (TTY)
 opi.mt.gov

Requirements for Initial Montana Class 5 Provisional Licensure For School Psychologist Endorsement

1. A master's degree or greater in school psychology or related field from a regionally accredited college or university; and
2. A Plan of Study from an accredited professional school psychologist preparation program verifying the applicant is within four course deficiencies of completing full requirements for a school psychologist.
3. Completion and verification of the free, on-line course "An Introduction to Indian Education for All in Montana" <http://learninghub.mrooms.net/course/index.php?categoryid=105>

Important Considerations:

- Applications will not be evaluated until a Plan of Study for a school psychologist preparation program has been submitted to OPI by the college or university with which the applicant will be completing the program.
- A Class 5 Provisional license is not renewable and may be issued only once per educator license (Class 1 or 2), administrator license (Class 3) or specialist license (Class 6). You must complete the requirements for full licensure within the term of this provisional license in order to be upgraded to full licensure.

Questions regarding these considerations, please call us at 406-444-3150.

| Application Checklist | Completed |
|---|--------------------------|
| I have enclosed a check or money order payable to Montana OPI for \$24, this includes a one-time filing fee of \$6. <p style="text-align: center;">CASH PAYMENTS WILL NOT BE ACCEPTED.</p> | <input type="checkbox"/> |
| I have enclosed an official transcript or requested official transcripts be sent to the Montana OPI from all institutions I have attended. Official transcripts may be sent electronically from the college or university to cert@mt.gov <p style="text-align: center;">NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted from the applicant.</p> | <input type="checkbox"/> |
| I have submitted a fingerprint background check to be processed by the Montana Department of Justice. <p style="text-align: center;">DO NOT SEND THE FINGERPRINT CARD TO THE OFFICE OF PUBLIC INSTRUCTION.</p> | <input type="checkbox"/> |
| I have signed and dated the bottom of the Character and Fitness information page. | <input type="checkbox"/> |
| I have recited the oath in the presence of a licensed notary and signed the notary page. | <input type="checkbox"/> |
| I have filled out the top sections of the Plan of Study form and have sent it to the institution where I am enrolled in my school psychologist preparation program for their completion. <p style="text-align: center;">NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.</p> | <input type="checkbox"/> |
| I have included the original renewal unit certificate of completion for "An Introduction to Indian Education for All in Montana". (Retain a copy for your records.) <p style="text-align: center;">NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.</p> | <input type="checkbox"/> |

Important: Applications will not be processed until all required documentation/information has been received. You can track/view your application at <https://apps3.opi.mt.gov/SSO/Login.aspx>
 (It is your responsibility to check with our office to ensure that all materials have arrived.)

Class 5 Provisional School Psychologist License Application

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.

| | | |
|---|---|--|
| Last Name: | First Name: | Middle Initial: |
| Mailing Address: | | |
| 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"/> 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 |
| 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: | |
| Have you ever held an educator license from another state? <input type="radio"/> Yes <input type="radio"/> No | If so, please indicate what state/states: | |

Academic and Education Experience

Class 5 licensure requires that all applicants MUST:

- Hold a bachelor’s degree from a regionally accredited college or university.
- Hold a master’s degree or greater from a regionally accredited college or university in school psychology or related field.

Original paper or electronic (“escript”) transcripts must be submitted for all colleges or universities attended.

Electronic transcripts must be sent from the college or an official transcript clearinghouse.

We will not accept photocopied, electronic, or scanned transcripts directly from the applicant.

| Name of College/University and Location | Degree Earned | Major | Minor |
|---|---|---|-------|
| Transcripts: Requested <input type="radio"/> Enclosed <input type="radio"/> | <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None | Psychologist Preparation Program? <input type="radio"/> Yes <input type="radio"/> No | |
| Transcripts: Requested <input type="radio"/> Enclosed <input type="radio"/> | <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None | Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No | |
| Transcripts: Requested <input type="radio"/> Enclosed <input type="radio"/> | <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None | Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No | |

Character and Fitness (answer all questions to avoid delays)

| | | | | |
|--|--|---|--|---|
| Last Name: | | First Name: | | MI: |
| 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, and 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 <i>against</i> 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: Most arrests and convictions show up on a background check even if purged or dismissed by a court. | | | | <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: |

Montana Educator Licensure Notary Page

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.

| | |
|---|-------------------------------|
| Name of Applicant: (Please print legibly) | |
| Date of Birth: | Last 4 numbers of SSN: |

Signature of Applicant: _____

This above oath was sworn and the document was signed before me on the _____ day
of _____, 20____
(Month) (Year)

By _____
(Print name of signer)

Signature of Notary: _____

Printed Name of Notary: _____

Residing in the State of: _____ County of: _____

Commission Expires: _____

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.

Amended by the Certification Standards and Practices Advisory Council July 13, 2016

Plan of Study for School Psychologist Endorsement

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|--|--|--|---------------|
| Applicant Information (To completed by the Applicant): | | | |
| Last Name: | First Name: | MI: | |
| Mailing Address: | | | |
| City: | | State: | Zip Code: |
| Last Four Digits of SSN: | Birth Date: | Former Name(s): | |
| Remainder of this form to be completed & signed by the appropriate official from the college or university where the applicant plans to complete his/her school counselor program. NOTE: Return original form to: OPI – Licensure Division, PO Box 202501, Helena MT 59620-2501 NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted. | | | |
| Name of College/University and location: | | | |
| Is your institution regionally accredited? <input type="radio"/> Yes <input type="radio"/> No | | Name of regional accreditation agency: (i.e. Western Association of Schools & Colleges) | |
| Accreditation of School Psychologist Preparation Program | <input type="radio"/> NASP <input type="radio"/> State approved program <input type="radio"/> Other (i.e. alternative route) Please describe _____ | | |
| Upon review of the academic records provided by the above named party, I verify that the applicant above is within four course deficiencies of completing the full requirements for completion of his/her school psychologist program. The course deficiencies are listed below: | | | |
| Course Title | Course Number | Dates Available | |
| | | | |
| | | | |
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| | | | |
| To be signed by the appropriate college official (Dean of Education, Certification Officer, Licensure Official, etc.) | | | |
| Signature: | | | Date: |
| Printed Name and Title: | | | Phone Number: |
| Email Address: | | College Seal | |

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 appropriate section of the fingerprint card(s) with your personal information. 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
ARM10.57.201A

ORI: MT025025Y
DOJ-ST ID BUR
Helena, MT

3. **Do not fold the completed fingerprint cards. Mail the completed fingerprint cards along with a Check for \$27.25 payable to the Montana Department of Justice to the following address:**

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

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

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

4. **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.