

MONTANA LAW GOVERNING EMERGENCY AUTHORIZATION OF EMPLOYMENT

Montana Code Annotated, Title 20

20-4-111 Emergency Authorization of Employment

- 1) A district may request from the superintendent of public instruction an emergency authorization of employment for a person who is not the holder of a valid teacher or specialist certificate as an instructor of pupils when the district cannot secure the services of a person holding a valid certificate. The person must have previously held a valid teacher or specialist certificate or shall meet the standards of preparation prescribed by the policies of the board of public education for and during an emergency. Emergency authorization of employment must indicate:
 - a) the district to which the authorization is issued;
 - b) the person whom the district is authorized to employ;
 - c) the endorsement for elementary or secondary instruction and the specific subject fields for which authorization to employ the person is given; and
 - d) the school fiscal year for which the emergency authorization of employment is given.
- 2) Emergency authorization of employment of a person is valid for the school fiscal year identified on the authorization and may be renewed in accordance with the board of public education policies. A fee not to exceed \$6 and, if no teacher or specialist certificate or emergency authorization of employment has ever been issued for the person, a filing fee of \$6 must be paid for the issuance of an emergency authorization of employment. The superintendent of public instruction shall deposit the fees with the state treasurer to the credit of the general fund.
- 3) Emergency authorization of employment of a person may be revoked for good cause in accordance with the provisions of 20-4-110.

Administrative Rules of Montana, Chapter 57

10.57.107 Emergency Authorization of Employment

- 1) In accordance with 20-4-111, MCA, district administrators who have exhausted all possibilities for hiring a licensed teacher may request that the superintendent of public instruction issue an emergency authorization of employment to the district to employ a person to teach. The following requirements must be met to ensure consideration of the request:
 - a) The request originate with the school district.
 - b) The position must have been advertised at least far enough in advance to reasonably enable qualified applicants to submit applications and be interviewed.
 - c) The individual for whom the emergency authorization is being sought shall not be currently endorsed in the area of requested authorization, and shall:
 - i) have previously held a teacher or specialist license; or
 - ii) provide acceptable evidence of academic qualifications or significant experience related to the area for which the emergency authorization of employment is being sought.
- 2) An emergency authorization of employment is valid for one year.
- 3) Experience as a classroom teacher when authorized pursuant to this rule qualifies as teaching experience as defined in ARM 10.57.102(14).



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EMERGENCY AUTHORIZATION FOR EMPLOYMENT

SCHOOL DISTRICTS MAY USE THIS FORM WHEN THE FOLLOWING CONDITIONS EXIST:

1. All possibilities for obtaining a licensed educator have been exhausted.
2. Proof of extensive advertising of vacant position can be provided.
3. The individual for whom the Emergency Authorization is being sought **meets one or more** of the following criteria:
 - **Previously** held a valid teacher or specialist license; or
 - Holds a bachelor's degree related to the area; or
 - Provides acceptable evidence of cultural expertise related to the area for which the emergency authorization is being sought.

SECTION I: School District Information (to be completed by the school district)

| | | |
|--|-----------------------|--------------------|
| County | District | Name of School |
| Grades/Subjects Requested | Date Vacancy Occurred | Reason for Vacancy |
| <p>Credentials of candidate (select one):</p> <p><input type="checkbox"/> Previously held a valid teacher or specialist license;</p> <p><input type="checkbox"/> Holds a bachelor's degree related to the area (copy of official transcripts showing posted degree must be submitted);</p> <p><input type="checkbox"/> Can provide acceptable cultural expertise related to the area (some verification, whether it be work experience, resume, former job descriptions or letters of recommendation identifying the expertise must be included).</p> | | |
| <p>Recruiting Efforts:</p> <p>OPI "Jobs for Teachers" Website (give dates of postings; attach posting notice):</p> <p>University contacts (give names and dates of contacts):</p> <p><input type="checkbox"/> University of Montana-Missoula</p> <p><input type="checkbox"/> University of Montana-Western</p> <p><input type="checkbox"/> Montana State University-Bozeman</p> <p><input type="checkbox"/> Montana State University-Billings</p> <p><input type="checkbox"/> Montana State University-Northern</p> <p><input type="checkbox"/> Rocky Mountain College</p> <p><input type="checkbox"/> University of Great Falls</p> <p><input type="checkbox"/> Carroll College</p> <p>Other Efforts:</p> | | |
| <p>\$6 Fee if Previously Licensed in MT or if Previously Employed Under Emergency Authorization. Otherwise Fee is \$12. Check or Money Order Must Accompany Application.</p> | | |

SECTION II: Candidate Information (to be completed by the candidate)

| | | | | | | | |
|-----------------|---------------|----------------|--|-------|------------|----------------|--|
| Last Name | | First Name | | | MI | Former Name(s) | |
| Mailing Address | | City | | State | ZIP | E-Mail Address | |
| SSN | Date of Birth | Street Address | | | Home Phone | Work Phone | |

1. List all educator licenses/certificates held in all states/countries:

2. Please describe or attach any additional information regarding your qualifications for this position.

SECTION III: District and County Endorsement of Application (completed by school district)

| | | | | |
|--|--|-----------------|-------|------|
| Signature of District Clerk, Superintendent or Board of Trustees | | Title | | Date |
| District | | Mailing Address | | |
| City, State, Zip | | Phone | Email | |
| Signature of County Superintendent | | County | | Date |

Character and Fitness (answer all questions to avoid delays)

If the answer to any of the questions 2 through 4b is "Yes", please provide an attached explanation with application.

| | | | | |
|--|--|---|---|---|
| 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 <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 (attach details) |
| <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 (attach details) | |
| 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 approval 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 approval I am seeking.

I acknowledge that I have read and am retaining the Professional Educators of Montana Code of Ethics that accompanies this application.

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

Signature of Applicant: _____

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

By _____
(Print name of applicant)

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

School Official Checklist (include copy with application):

- Sections I and III** of the application have been appropriately completed and signed by school official(s) and County Superintendent.
- Section II** has been appropriately completed and signed by the applicant.
- The following forms have been signed by the applicant and are included:
 - 1. Notary Page**
 - 2. Character and Fitness**
- Following are included:
 - 1. A letter of confirmation that the school district is in receipt of the result of the applicant's criminal history background check and finds the result favorable.**
 - 2. If the applicant answered "Yes" to any questions 2 through 4b on the Character and Fitness form, a detailed explanation from the applicant is included with this application.**
- Copies of all job postings that were done in an effort to fill this position with a licensed Montana educator are included.
- Fee: \$6 if previously held a MT educator license or emergency authorization; if not, fee is \$12. Enclose check or money order payable to MT OPI (cash not accepted).

NOTE: The application will not be processed without all required forms, attachments and fee.