



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

**Class 2 Upgrade Application
 Upgrade From Class 2 to Class 1**

Montana Educator Licensure Application Checklist	Completed
All sections of the application are completed.	
I have contacted OPI – Educator Licensure for fee information.	
I have enclosed all official transcript(s) related to the completion of my master’s degree. Official transcripts may be sent electronically from the college or university to cert@mt.gov . NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted from the applicant.	
I have filled out the top section of the Verification of Teaching Experience form and sent it to my employers for completion. The original, completed document must be submitted. NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted.	
Important: Applications will NOT be processed until all required documentation/information has been received. It is your responsibility to check with our office to ensure that all materials have arrived. You can review your application at https://apps3.opi.mt.gov/SSO/Login/Login.aspx	

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		
Please indicate what Class(es) of Licensure you are upgrading to. (Check all that apply.)	<input type="radio"/> Class 1 Professional Teaching <input type="radio"/> Class 3 Administrative		<input type="radio"/> Class 2 Standard Teaching <input type="radio"/> Class 6 School Counselor/School Psychologist	
School year initial licensure to be active: July 1, _____				



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Verification of Teaching Experience

You may need to send this form to more than one district if your experience was earned in multiple schools.			
Applicant Information (To Be Completed By The Applicant):			
Last Name:	First Name:	MI:	
Address:	City:	State:	Zip Code:
Last four digits of SSN:	Former Name(s):		
Remainder of this form is to be completed & signed by the appropriate school official based on personnel records. If the employment history is too complex to enter below, please sign this form and attach additional documentation. 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.			
School Officials Name and Title (please print):			
School District:			
School District City/State:			
Does Your School Hold State Accreditation? <input type="radio"/> Yes <input type="radio"/> No	Was the licensure candidate above employed as a <u>TEACHER</u> in your school? <input type="radio"/> Yes <input type="radio"/> No		
Employed From (month/year) _____ To (month/year) _____			
Full Time? <input type="radio"/> Yes <input type="radio"/> No	Part Time? <input type="radio"/> Yes If "Yes", FTE Equivalent? (i.e. .25 for ¼ of employment) <input type="radio"/> No		
Educational Area	<input type="radio"/> Pre K (Age 3 – Grade 3) <input type="radio"/> Elementary (K-8) <input type="radio"/> Middle School (4-8) Subject Area Taught _____ <input type="radio"/> Secondary (5-12) Subject Area Taught _____ <input type="radio"/> K-12 Subject Area Taught _____ <input type="radio"/> Special Education (PK-12) <input type="radio"/> School Counselor <input type="radio"/> Other: Please describe _____		
I verify that the work experience information as documented on this form is correct to the best of my knowledge.			
Signature:			
Printed Name and Title:			
Date:	Email Address:	Phone Number:	

