



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

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 opi.mt.gov

Class 5 Upgrade Application
 Upgrade From Class 5 to Full Licensure: Class 1, Class 2, Class 3 and Class 6

Montana Educator Licensure Application Checklist	Completed
All sections of the application are completed.	
I have signed and dated the bottom of the Character and Fitness Information page.	
I have contacted OPI – Educator Licensure for fee information.	
I have enclosed all official transcript(s) that are needed to meet my Professional Plan of Intent. 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 enclosed all original renewal unit certificate(s) (retain a copy for your records), that are needed to meet my Professional Plan of Intent. NO PHOTOCOPIES, SCANNED COPIES, or EMAILED IMAGES will be accepted from the applicant.	
I have included a copy of my Praxis test results to meet my Professional Plan of Intent.	
I have filled out the top sections of the University Recommendation form (as applicable) and sent it to the institution where I finished my educator preparation program, for their completion, to meet my Professional Plan of Intent. 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, _____				

University Recommendation for Teaching Endorsements (If Applicable to your Professional Plan of Intent)

Applicant Information (To Be Completed By The Applicant):						
Last Name:		First Name:			MI:	
Address:		City:		State:	Zip Code:	
Last Four Digits of SSN:		Birth Date:	Former Name(s):			
Remainder of this form is to be completed & signed by the appropriate official from the college or university where the applicant completed his/her educator preparation 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 Educator Preparation Program (Please circle)		CAEP	NCATE	MACTE	State	Other: i.e. Alternative Route (Please describe)
Educator Preparation Program Completed		<input type="radio"/> Early Childhood (Age 3–Grade 3)		<input type="radio"/> Elementary (K-8)		<input type="radio"/> Middle Grades (General Subject) (4-8)
For Secondary and K-12, mark the area the candidate was prepared to teach. If the educator preparation program was different than 5-12 or K-12 please indicate level of program.						
	Approved Subject Area		Approved Subject Area		Approved Subject Area	
Secondary Endorsements 5-12	<input type="radio"/> Agriculture		<input type="radio"/> Biology		<input type="radio"/> Business Education	
	<input type="radio"/> Chemistry		<input type="radio"/> Communications		<input type="radio"/> Earth Science	
	<input type="radio"/> Economics		<input type="radio"/> English		<input type="radio"/> Family & Consumer Sciences	
	<input type="radio"/> Geography		<input type="radio"/> Health		<input type="radio"/> History	
	<input type="radio"/> Industrial Trades and Technology Education		<input type="radio"/> Journalism		<input type="radio"/> Mathematics	
	<input type="radio"/> Physics		<input type="radio"/> Political Science		<input type="radio"/> Psychology	
	<input type="radio"/> Science (Broadfield)		<input type="radio"/> Social Studies (Broadfield)		<input type="radio"/> Sociology	
	<input type="radio"/> Theatre					
	Approved Subject Area		Approved Subject Area		Approved Subject Area	
K-12 Endorsements	<input type="radio"/> Art		<input type="radio"/> Computer Science		<input type="radio"/> English as a Second Language	
	<input type="radio"/> Health & Physical Education		<input type="radio"/> Library		<input type="radio"/> Music	
	<input type="radio"/> Physical Education (no Health Preparation)		<input type="radio"/> Reading		<input type="radio"/> Traffic Education	
	<input type="radio"/> World Languages (subject area):					
	<input type="radio"/> Special Education: Cross Categorical					
<input type="radio"/> Special Education: Vision Impairment						
<input type="radio"/> Special Education: Hearing Impairment						
Supervised Teaching Experience: Applicants for Montana licensure must complete student teaching or supervised teaching, or receive a waiver if they have previously completed this experience or if they completed an alternate program not including student teaching.						
Enter course Number or Name of course or “Waived”:						
I attest that the above named candidate <u>has completed</u> an accredited teacher education program in those areas to include student teaching or supervised teaching experience, or waiver of this requirement. The program completed leads to licensure in the State of: _____						
Signature: _____						
Printed Name:			Email Address:		Phone Number:	
Title:			Date:		College Seal	

University Recommendation for Administrative Principal Endorsement (If Applicable to your Professional Plan of Intent)

Applicant Information (To be completed By the Applicant):			
Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip Code:
Last Four Digits of SSN	Birth Date	Former Name(s)	
Remainder of this form is to be completed & signed by the appropriate official from the college or university where the applicant completed his/her principal preparation 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 the Administrative Principal Preparation Program	<input type="radio"/> CAEP <input type="radio"/> NCATE <input type="radio"/> State Approved Program <input type="radio"/> Other i.e. Alternative route. (please describe) _____		
Type of Administrative Preparation Program Completed	<input type="radio"/> Elementary Principal	<input type="radio"/> Secondary Principal	<input type="radio"/> K-12 Principal
Type of Master's Degree	<input type="radio"/> Educational Leadership <input type="radio"/> Master's Degree related to Education (please describe) _____		
To qualify for a full license endorsed as an Administrative Principal, Montana requires the following course: Montana School Law	Does the program the candidate completed contain the required Montana School Law coursework? <input type="radio"/> Yes <input type="radio"/> No		
I attest that the above named candidate <i>has completed</i> an administrator's preparation program. The program completed leads to licensure as a PRINCIPAL in the State of _____.			
Signature:			Date:
Printed Name & Title:		Phone Number:	
Email Address:		College Seal	

University Recommendation for School Counseling Endorsement
 (If Applicable to your Professional Plan of Intent)

Applicant Information (To Be Completed By The Applicant):					
Last Name:		First Name:			MI:
Address:		City:		State:	Zip Code
Last Four Digits of SSN:	Birth Date:	Former Name (s):			
Remainder of this form is to be completed & signed by the appropriate official from the college or university where the applicant completed his/her educator preparation 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 Counseling Preparation Program (<i>Please circle</i>)	CACREP	CAEP	NCATE	State	Other: i.e. Alternative Route (Please describe)
Type of Master's degree completed by applicant: <input type="radio"/> School Counseling <input type="radio"/> Other (please describe)					
Number of internship hours in a school setting: _____ Hours					
I attest that the above named applicant <i>has completed</i> an accredited school counseling program that contained an internship in a school setting. The program completed leads to licensure in the State of: _____.					
Signature: _____					
Printed Name:		Email Address:		Phone Number:	
Title:		Date:		College Seal	

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 <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"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Failure to Renew
	<input type="radio"/> Revocation	<input type="radio"/> Cancellation
		<input type="radio"/> Other (please describe)
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:

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