



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

P.O. Box 202501
 Helena, MT 59620-2501
 (406) 444-3150
 (406) 444-0169 (TTY)
 opi.mt.gov

Requirements for 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.

For questions regarding this application or related forms, 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 CASH PAYMENTS WILL NOT BE ACCEPTED.	
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 .	
I have signed and dated the bottom of the Character and Fitness information page.	
I have recited the oath in the presence of a licensed notary and signed the Notary page.	
I have submitted a fingerprint background check to be processed by the Montana Department of Justice. DO NOT SEND THE FINGERPRINT CARD TO THE OFFICE OF PUBLIC INSTRUCTION	
I have included my signed, original certificate of completion for "An Introduction to Indian Education for All in Montana". (Retain a copy for your records.)	
I have filled out the top section of the Plan of Study form and sent it to the institution where I am enrolled in my school psychologist preparation program for their completion.	

Important: Applications will not be processed until all required documentation/information has been received.

You may track/view your application at www.opi.mt.gov > Educator Support > Educator Licensure > scroll to the bottom of the page > Log into the MT State Educator Information System.

If you have not created an account in the licensure system, you will need to do so. (Upper right-hand quadrant, Create New User Account).

Class 5 Provisional School Psychologist License Application

Please complete all sections of this application. Incomplete applications will not be evaluated and will be purged if left incomplete for one year.

Last Name		First Name		Middle Initial
Mailing 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"/> 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 "Yes", please indicate under what name.		
Have you ever held an educator license from another state?		<input type="radio"/> Yes <input type="radio"/> No If "Yes", 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 from a regionally accredited college or university in school psychology or related field.

Original transcripts must be submitted for all colleges or universities attended.

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 <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 (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: <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, 34 USC 40102, 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:



Plan of Study for School Psychologist Endorsement

Applicant Information (To completed by the Applicant):

Last Name:	First Name:	MI:
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Mailing Address:

City:	State:	Zip Code:
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Last Four Digits of SSN:	Birth Date:	Former Name(s):
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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 psychologist program.

University Official: Return the completed form to the OPI Licensure Unit, as a PDF, by email to cert@mt.gov

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)
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Accreditation of School Psychologist Preparation Program	<input type="radio"/> NASP <input type="radio"/> State approved <input type="radio"/> Other (i.e. alternative route) Please describe _____
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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 psychologist program.

The course deficiencies are listed below:

Course Title	Course Number	Dates Available

To be signed by the appropriate college official (Dean of Education, Certification Officer, Licensure Official, etc.)

Signature:	Date:
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Printed Name and Title:	Phone Number:
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Email Address:	College Seal
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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 attached 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 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. Educator to retain for ongoing reference.



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How to Initiate Your Fingerprint Background Check

Per FBI regulations, the Office of Public Instruction (OPI) cannot accept fingerprint-based background check results that were processed for any purpose other than for Teacher Licensure.

Fingerprints must be clear. Smudged or unclear prints will be rejected by the FBI. Therefore, we recommend that you complete and submit two fingerprint cards, to ensure that your background check can be completed in a timely manner.

Instructions

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. Remember to have two fingerprint cards completed.
2. Fill out appropriate section on the fingerprint card(s) with your personal information.
3. Complete the following specific sections on the fingerprint card(s) with the following information:
 - **Employer and Address**
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
 - **Reason Fingerprinted:**
NCPA/VCA
Teacher Licensure
 - **ORI:**
MT025025Y
 - **OCA:**
MTST00004
4. Do not fold the completed fingerprint card(s)
5. Mail the completed fingerprint card(s) along with a check payable to the Montana Department of Justice for their processing fee of \$30.00.
 - Mail to:
Montana Department of Justice
Criminal Records & Identification Services
PO Box 201403
Helena, MT 59620-1403

Do not mail your fingerprint card(s) to the Office of Public Instruction (OPI), the OPI cannot process the cards and will have to mail them back to you.

The OPI cannot share the results of your background check with any school district or other entity.



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Fingerprint Background Check Supplement

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

(This supplement consists of three pages, including the Privacy Act Statement)

Instructions:

Complete pages 1 & 2 of this supplement, including your signature, and upload them to your Montana State Educator Information System (MSEIS) account.

Licensure Applicant Name (please print): _____

I have applied for employment as or will be applying for employment as a Montana Educator with (if known write in employer name, or write "unknown") _____, for the position of (please be specific) _____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity to which you have applied for employment or will be applying for employment requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The entity conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. To obtain a copy of your fingerprint/background check results, the applicant must:
 - a. Present in person at the Educator Licensure office; and

- b. Provide a valid state or federal photo identification; and
- c. Write a request for a copy of the results, sign and date; and
- d. You will be provided with a copy of your fingerprint/background check results.

Or, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.

- 5. Be advised that your educator license will not be issued until this supplement and your fingerprint background check results have been received and determined to meet the current requirements for licensing in the State of Montana.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to you.

PLEASE PRINT YOUR INFORMATION BELOW:

Name: _____
First
Middle
Maiden
Last

Date of Birth: _____

Address: _____
Street
Apt.

City
State
Zip

_____ I have been convicted of, or am under pending indictment for, the following crimes (include the dates, location/jurisdiction, circumstances, and outcome).

_____ I have not been convicted of, nor am I under pending indictment for any crimes.

Your signature below acknowledges this entity has informed you of your privacy rights for fingerprint-based background check requests used by the entity for non-criminal justice purposes.

I have read and understand the foregoing and my certification is true and correct to the best of my knowledge and belief.

Date
Signature of Applicant

**NOTE: Upload this completed form to your MSEIS record,
and retain a copy for your records.**

You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.

This statement is provided to you for your records.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application- investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Updated 09/09/2013