



Instructions

Use this paper application for a Class 6 Specialist School Counselor License starting January 1, 2022.
 For full process and links to supplemental form see Class 6 Specialist School Counselor License.

Requirements for Montana Class 6 Specialist School Counselor License

- Hold a master’s degree from a regionally accredited college or university **AND**
- Completion of a school counseling preparation program accredited by the Council for the Accreditation of Counseling and Related Education Programs (CACREP) which included an internship in a school setting of 600 hours.
- If you have not earned a degree from a CACREP accredited program:
 - Completion of a master’s degree in school counseling from a regionally accredited college or university **AND**
 - Completion of an accredited specialist program which included an internship in a school setting of 600 hours.

Submit each of the following:

1. **Certificate** of completion of the free online course "An Introduction to Indian Education for All in Montana."
2. **Official transcript(s)** verifying completion of a bachelor’s degree from a regionally accredited college or university.
3. **University Recommendation** form verifying completion of the accredited specialist program showing completion of an internship in a school setting of 600 hours.

Important Considerations:

- To obtain a Class 6 Specialist License in Montana applicants must submit verification of all of the above. If you cannot qualify for a Class 6 license, a specialist will consider your application for a provisional license.

Application Checklist

I have included the following with my paper application:

	Completed
A check or money order payable to Montana OPI for \$36, this includes a one-time filing fee of \$6. (\$36 for one initial license, \$30 for each additional license, i.e., Class 1 and Class 3) CASH PAYMENTS ARE NOT ACCEPTED. ELECTRONIC PAYMENTS ARE NOT ACCEPTED AT THIS TIME	<input type="checkbox"/>
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/university to cert@mt.gov NO PHOTOCOPIES, SCANNED COPIES, or UNOFFICIAL transcripts will be accepted from you.	<input type="checkbox"/>
Signed and dated Character and Fitness information page.	<input type="checkbox"/>
Signed notary page (recited the oath and signed in the presence of a licensed notary).	<input type="checkbox"/>
Signed, original Certificate of Renewal Units for “An Introduction to Indian Education for All in Montana”.	<input type="checkbox"/>
Signed Fingerprint Background Check Supplement . (The two-page document you sign and return to the OPI)	<input type="checkbox"/>
A copy of my valid out-of-state school counselor license. (If applicable)	<input type="checkbox"/>

I have completed the following as part of my application:

	Completed
Submitted my fingerprint cards and fee to the Montana Department of Justice	<input type="checkbox"/>
Filled out the top section of the University Recommendation for School Counseling Endorsement form and sent it to the institution where I finished my school counseling preparation program for their completion	<input type="checkbox"/>

Important: Applications cannot be processed until all required documentation/information on the Application Checklist has been received.

License Application

Please complete all sections of this application. Incomplete applications cannot be evaluated.

All licenses are issued effective July 1st. Indicate the school year for your initial license to be effective: 07/01/_____.

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____ Former Name(s): _____

Phone Number: _____ Personal Email Address: _____

Last Four Digits of Your SSN: _____ Date of Birth: _____ Gender: Male ____ Female ____

Race: (Choose one or more): _____ Ethnicity: _____

_____ American Indian/Alaska Native _____ Black/African American _____ Hispanic

_____ Asian _____ Native Hawaiian/Pacific Islander _____ White _____ Non-Hispanic

Have you ever held a Montana Educator License? _____ If so, please indicate under what name: _____

Yes ____ No ____ _____

Have you ever held an educator license from another state? _____ If so, please indicate which state(s): _____

Yes ____ No ____ _____

Academic and Education Experience

Class 6 Specialist licensure requires that all applicants MUST:

- Hold a master's degree from a regionally accredited college or university ***AND***
- Have completed a CACREP accredited school counselor program which included an internship in a school setting of 600 hours ***OR***
 - Have a recommendation from a state approved school counseling program which included an internship in a school setting of 600 hours.

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

Official transcripts may be sent electronically from the college/university, or official transcript clearinghouse to: cert@mt.gov. **We will not accept photocopies, scanned, or unofficial transcripts directly from you.**

Name of College/University and location _____

Degree earned: _____ Major: _____ Minor: _____

Transcript: Requested ____ Enclosed ____

Name of College/University and location _____

Degree earned: _____ Major: _____ Minor: _____

Transcript: Requested ____ Enclosed ____

Name of College/University and location _____

Degree earned: _____ Major: _____ Minor: _____

Transcript: Requested ____ Enclosed ____



Character and Fitness (please answer all questions to avoid delays)

Last Name: _____ First Name: _____ Middle Initial: _____

1. Do you currently hold, or have you ever held an out-of-state educator license, or an out-of-state professional certificate, license, or other credential in ANY field? (e.g., education, cosmetology, social work, outfitting, acupuncture, etc.) If yes, please provide the following information for every certificate, license or credential: Yes ___ No ___

State or Jurisdiction	Type of License	Certificate or License Number
_____	_____	_____
_____	_____	_____

2. Have you ever had an adverse action taken *against* 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 additional page. Yes ___ No ___

___ Letter of Warning ___ Suspension ___ Voluntary Surrender ___ Non-Renewal by a state agency
___ Reprimand ___ Denial ___ Revocation ___ Cancellation ___ 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 additional page. Yes ___ No ___


4a. Have you ever been convicted of any crime (misdemeanor or felony?) If yes, explain on a separate sheet providing date, 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.** Yes ___ No ___

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 additional page.

**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.*

Yes ___ No ___
___ Deferred Prosecution ___ Deferred or Suspended Imposition of Sentence ___ Deferred Adjudication
___ Stay of Adjudication ___ First-time Offenders Programs ___ Other Programs (please describe)

Social Security Number (SSN), Taxpayer Identification Number (TIN), or Canadian identification number (GST): Section 7 of Public Law 93-579 requires us to advise you of the following connection with our request for your 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.

 Social Security Number, Taxpayer ID Number, or Canadian ID: _____

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 fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.

Signature _____ Date _____



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

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 return with your application to:

OPI - Educator Licensure
PO Box 202501
Helena, MT 59620-2501.

Licensure Applicant Name (please print): _____

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: 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).



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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 number 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.



University Recommendation for School Counseling Endorsement


Applicant Information, Print Clearly:

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____ Former Name(s): _____

Last Four Digits of Your SSN: _____ Birth Date: _____

 Remainder of this form must be completed and signed by the appropriate official from the college/university where you completed your school counselor preparation program.

University Official: Return the completed form to the OPI Educator Licensure Unit via email to cert@mt.gov.

Name of College/University and Address: _____

Is your institution regionally accredited? Yes ___ No ___ If "Yes", name of regional accreditation agency (i.e., Western Association of Schools & Colleges): _____

Accreditation of the School Counseling Preparation Program

Circle accreditation of the School Counseling Preparation Program at the time of student completion: CACREP CAEP NCATE
State Other If "Other", i.e., Alternative route, please describe: _____

Type of Master's Degree Completed by Applicant:

___ School Counseling

___ Other (please describe): _____

Number of internship hours in a school setting: _____ hours

I attest that the above-named candidate **has completed** an accredited school counseling program that contained an internship in a school setting.

The program completed leads to licensure in the State of: _____.

Signature

Date

Printed Name and Title: _____

Email Address: _____ Phone Number: _____

Please call the Montana Educator Licensure Unit with any questions regarding the completion of this form (406) 444-3150

College Seal