Requirements for Montana Class 7 American Indian Language and Culture Specialist License

- Applicant is 18 years of age or older
- Applicant is of good moral and professional character (20-4-1-4(2), MCA)
- Verification of Eligibility form completed by the Tribal Chair or the Official Designee

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.  

CASH PAYMENTS ARE NOT ACCEPTED

Signed and dated Character and Fitness information page.

Signed notary page (recited the oath and signed in the presence of a licensed notary).

Signed Fingerprint Background Check Supplement. (The two-page document you sign and return to the OPI)

The completed Verification of Eligibility for Initial Licensure form, which includes the Tribal Chair or the Official Designee signature.

I have completed the following as part of my application:                         Completed

Submitted my fingerprint cards and fee to the Montana Department of Justice

Important: Applications will not be processed until all required documentation/information 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 ______

_______________________________

_______________________________

_______________________________
Verification of Eligibility for Initial Licensure

Applicant Information (To be completed by the Applicant)

Last Name: ___________________________  First Name: ___________________________  Middle Initial: ________

Mailing Address: ____________________________________________________________

City: ___________________________  State: ___  Zip Code: __________  Former Name(s): ___________________________

Last Four Digits of Your SSN: __________  Date of Birth: ___________________________  Gender: Male ___  Female ___

Remainder of this form is to be completed and signed by the appropriate Tribal official.

Tribal Official: Return the completed original form to the OPI Educator Licensure Unit via mail to:

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

Applicant’s name: ___________________________  is recognized by the ___________________________  Tribe, as having met the criteria as a specialist in the selected language below.

Recognized Language

_____ Assiniboine (Nakoda, Nakona)

_____ Blackfeet (Pikuni)

_____ Cheyenne (Tsetséheséstâhase So’taa’eo’o)

_____ Chippewa (Annishinabe)

_____ Cree (Ne-i-yah-wahk)

_____ Crow (Apsáalooke)

_____ Gros Ventre (A’aninin)

_____ Kootenai (Ktunaxa)

_____ Pend d’Oreille (Q’lispé)

_____ Salish (Sélis)

_____ Sioux (Dakota)

I attest that the above-named applicant **is eligible** for a Class 7 American Indian Language and Culture Specialist license.

___________________________________________________________  ______________________________
Signature  Date

Printed Name and Title: __________________________________________

Email Address: __________________________________________  Phone Number: ___________________________
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

   __ 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 ________________
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.
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
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).
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.