




Class 7 American Indian Language and Culture Specialist License Renewal Application

Renew starting after January 1 of the year in which your license expires. Complete all sections of this application.

 This form requires the Tribal Chair or designee's original signature. Your application cannot be evaluated if it is incomplete. Applications left incomplete for one year will be purged.

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

How do you want your name to print out on your license? _____

Mailing Address: _____

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

SEID # _____ Phone Number: _____ Personal Email Address: _____

Last Four Digits of Your SSN: _____ Date of Birth: _____ Gender: Male____ Female____

Race (Choose one or more):

_____ American Indian/Alaska Native

_____ Black/African American

_____ Asian

_____ Native Hawaiian/Pacific Islander

_____ White

Ethnicity (Choose one):

_____ Hispanic

_____ Non-Hispanic

License renewal fee is \$30.00 **DO NOT SEND CASH, make check or money order payable to Montana OPI**

Please submit this application, the attached Character and Fitness form, and payment to:

Montana Office of Public Instruction
Attn: Educator Licensure
PO Box 202501
Helena, MT 59620-2501

Verification of Renewal Requirements

As the tribal chairperson or designated official, I verify the above applicant for Class 7 American Indian language and culture specialist licensure renewal has complete the renewal requirements as stipulated in our Tribal Resolution with the Office of Public Instruction.

Signature

Date

Printed Name

Title (Tribal Chair or other designated official)



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 _____