



Out-of-State Current and Past Licensure History


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 Licensure official from the State Department of Education where applicant holds or has held an educator license. If the licensure history is too complex to enter below, please sign this form and attach additional documentation

Licensure Official: Please include both past and current license information. Return the completed form to the OPI Educator Licensure Unit via email to cert@mt.gov.

License Number	Type and Area(s) of Endorsement	Period of Validity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be signed by the appropriate Licensure Official

Signature _____ Date _____

Printed Name and Title: _____

Email Address: _____ Phone Number: _____ Issuing State: _____

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