




Renewal Application Class 1, 2, 3, 4 and 6

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

 You are not required to submit the documents that support your renewal at this time. Staying with current processes, we will continue to audit applications. If your application is selected by random, you will be notified by email from the OPI, and you will receive instructions for submitting your supporting documents.

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): _____

Phone Number: _____ Personal Email Address: _____

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

Race (Choose one or more):

Ethnicity (Choose one):

_____ American Indian/Alaska Native _____ Black/African American _____ Hispanic
_____ Asian _____ Native Hawaiian/Pacific Islander _____ White _____ Non-Hispanic

Please select the class(es) of license(s) you are renewing from the list below. If you are eligible to upgrade your license class now, please indicate so by selecting the new license class.

Class 1 Professional Teaching _____ Class 2 Standard Teaching _____ Class 3 Administrator _____
Class 4 Career/Technical Teaching _____ Class 6 School Counselor _____ Class 6 School Psychologist _____

How many licenses are you renewing? _____ x \$30.00 = Total Due \$ _____ **DO NOT SEND CASH**

Per ARM 10.57.301(3), endorsement(s) may be dropped from a license at the end of its valid term if licensure requirements are met. Select one of the following:

____ Keep my current endorsement(s) I want to drop the following endorsement(s): _____

By initialing, you are reaffirming the following oath you subscribed to on your initial application, "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." MCA, 20-4-104(1)(d) Initial here: _____

Per ARM 10.57.218(1), list the following activities of professional development as shown on page 2, earned during the five-year term of your current license. (You may enter "See attached" and include another page if needed)

Date of Event/	Name of Provider OR College/University	Event Title/ College Course	RUs/Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Renewal Requirements

Administrative Rules of Montana (ARM) 10.57.215(4): "Activities acceptable to renew licenses are professional development, training, workshops, or coursework consistent with PK-12 public school curriculum and may include:

- (a) credits earned from a regionally accredited college or university;
- (b) activities offered by renewal unit providers approved pursuant to ARM 10.57.216 and documented on an OPI renewal unit certificate;
- (c) other professional development activities offered by providers who have not been approved as a renewal unit provider pursuant to ARM 10.57.216, when licensees have received approval for the professional development activity from the Superintendent of Public Instruction;
- (d) another state's validated professional development activities other than college or university credit when the intent and structure of the process ensures the meeting or exceeding of Montana renewal unit requirements for licensure;
- (e) the instruction of relevant college or university course by a Montana licensee who has achieved a graduate degree in an endorsed field of specialization;
- (f) verification of completing the National Board Certification (NBC) process through the National Board of Professional Teaching Standards of successfully achieving and renewing NBC licensure shall result in 60 renewal units. NBC renewal units may apply to renewal of an expiring license."

College Credit:

All academic credit must be earned from a regionally accredited college or university.

Renewal Units

All renewal units must be earned from OPI-approved providers and awarded during the valid term of the license.

Class 1 Professional, Class 2 Standard, Class 3 Administrative

60 OPI renewal units; or any combination of OPI renewal units and semester or quarter college credits.

- 1 semester credit is equal to 15 OPI renewal units
- 1 quarter credit is equal to 10 OPI renewal units

Class 4A Career and Technical

The ***first renewal*** must show evidence of renewal units earned in the following content areas:

- (i) curriculum and instruction in career and technical education; and
- (ii) safety and teacher liability.

Subsequent renewals, same as Class 1, 2 or 3.

Class 4B & 4C Career and Technical

The ***first renewal*** must show evidence of renewal units earned in the following content areas:

- (i) curriculum and instruction in career and technical education; and
- (ii) safety and teacher liability.
- (c) Other professional development appropriate to renew a Class 4B or 4C license includes the following:
 - (i) principles and/or philosophy of career and technical education;
 - (ii) curriculum and instruction in career and technical education;
 - (iii) learning styles/teaching styles; including serving students with special needs;
 - (iv) safety and teacher liability;
 - (v) classroom management;
 - (vi) teaching methods;
 - (vii) career guidance in career and technical education; or
 - (viii) endorsement related technical studies, with prior OPI approval.

Subsequent renewals, same as Class 1, 2 or 3.

Class 6 Specialist (School Counselor and/or School Psychologist)

60 OPI renewal units; or any combination of OPI renewal units and semester or quarter college credits.

- 1 semester credit is equal to 15 OPI renewal units
- 1 quarter credit is equal to 10 OPI renewal units



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 _____