FORM 15

Application for Kansas

DUPLICATE LICENSE

Include a **$39.00 Application Fee** made payable to the Kansas State Department of Education. Money order or cashier's check preferred. Personal checks accepted. DO NOT SEND CASH.

SECTION A – TO BE COMPLETED BY APPLICANT

1. Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

2. Legal Name **(First)** **(Middle)** **(Last)**

3. List all prior names (maiden, alias, previous married, etc.)

4. Mailing Address	**City**	**State**	**Zip Code**

5. Birthdate (MM/DD/YYYY)	**6. Gender** ❒ Male ❒ Female	**7. Phone:** ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___ **Alternate Phone:** ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

8.a. Have you ever been convicted of a felony?
☐ NO ☐ YES If yes, please attach a copy of the court documents regarding conviction.

b. Have you ever been convicted of ANY crime involving theft, drugs, or a child?
☐ NO ☐ YES If yes, please attach a copy of the court documents regarding conviction.

c. Have you entered into a criminal diversion agreement after being charged with any offense described in question 8a or 8b?
☐ NO ☐ YES If yes, please attach a copy of the diversion agreement.

d. Are criminal charges pending against you in any state involving any of the offenses described in question 8a or 8b?
☐ NO ☐ YES If yes, please attach a copy of the court documents regarding your case.

e. Have you had a teacher's or school administrator's certificate or license denied, suspended or revoked in any state?
☐ NO ☐ YES If yes, please indicate the action taken: ☐ denied, ☐ suspended or ☐ revoked.
Which state(s)? _____
Please attach a copy of the documents regarding the official action taken.

f. Is disciplinary action pending against you in any state regarding a teacher's or administrator's certificate or license?
☐ NO ☐ YES If yes, please attach a copy of the official documents regarding the action pending against you.

g. Have you ever been terminated, suspended, or otherwise disciplined by a local Board of Education for falsifying or altering student tests or student test scores?
☐ NO ☐ YES If yes, which district(s)? _____ When? _____

h. Have you ever falsified or altered assessment data, documents, or test score reports required for licensure?
☐ NO ☐ YES If yes, what state(s)? _____ When? _____

9. I am requesting a duplicate copy of my currently valid Kansas certificate/license.

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in the denial or revocation of my license.

Signature of Applicant **Date**

We are unable to duplicate expired certificates/licenses. If you need verification of an expired license, you must contact the Teacher Education and Licensure office to request a letter of verification.

Mail to: Teacher Education and Licensure, KSDE, 120 SE 10th Avenue, Topeka, KS 66612-1182