

Application for Kansas

PROVISIONAL TEACHING LICENSE OR
PROVISIONAL SCHOOL SPECIALIST LICENSE

from Out-of State Institutions ONLY

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 <input type="checkbox"/> Male <input type="checkbox"/> 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? _____*

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.

Mail to: Teacher Education and Licensure, KSDE, 120 SE 10th Avenue, Topeka, KS 66612-1182.
 Processing fee **CANNOT** be refunded and does not guarantee a license will be issued.

VERIFICATION BY INSTITUTION OF ENROLLMENT IN APPROVED PROGRAM

Name of Applicant: _____ Social Security Number: _____

TO THE DESIGNATED LICENSURE OFFICER:

1. Complete section C if this is the first provisional endorsement license for this applicant. Complete section D if this is a renewal of a provisional endorsement license.
2. Affix your institution's official stamp or seal next to your signature
3. Return to the applicant in a sealed envelope to the address listed on the front page.

SECTION C – INITIAL PROVISIONAL ENDORSEMENT LICENSE TO BE COMPLETED BY LICENSING OFFICER AT VERIFYING INSTITUTION

1. I verify that a deficiency plan for completing our state approved program is on file for this applicant AND that he/she has completed 50% of the program coursework in the following endorsement field(s). For a special education endorsement request, I verify that although the applicant may not have completed 50% of the coursework he/she has completed coursework in methodology, characteristics and a practicum in the specific special education field.

Program completing _____
 Subject _____ Grade Level _____
 Subject _____ Grade Level _____

2. Name of College/University	State	Last Term of Attendance	List all institutions where coursework related to the new endorsement field was completed AND Attach official transcripts from all institutions listed

3. A signed copy of the deficiency plan is attached. The plan should include an indication of coursework already completed.

 Signature of Licensure Officer Date Verifying Institution

**AFFIX OFFICIAL STAMP
OR SEAL**

SECTION D – RENEWAL OF A PROVISIONAL ENDORSEMENT LICENSE TO BE COMPLETED BY LICENSING OFFICER AT VERIFYING INSTITUTION

1. I verify that this applicant has completed 50% of their program coursework on their deficiency plan since the initial provisional was issued.

Program completing _____
 Subject _____ Grade Level _____
 Subject _____ Grade Level _____

2. A signed copy of the deficiency plan is attached. The plan should include an indication of coursework already completed.

3. Attach official transcripts showing coursework completed.

 Signature of Licensure Officer Date Verifying Institution

**AFFIX OFFICIAL STAMP
OR SEAL**