



# Professional License Renewal Options

120 SE 10th Avenue, Topeka, KS 66612-1182 • Phone: 785-296-2288 • <http://www.ksde.org>

**A five year professional license may be renewed by completing one of the following during the term of the professional license:**

- 1) If the applicant holds a graduate degree: Earn 120 professional development points awarded by a Kansas local professional development council under an approved individual development plan. If retired and participating in an educational retirement system, earn 60 professional development points.  
**or**
- 2) If the applicant does not hold a graduate degree: Earn 160 professional development points awarded by a Kansas local professional development council under an approved individual development plan, including at least 80 points for college credit. If retired and participating in an educational retirement system, earn 80 professional development points, including at least 40 points for college credit.  
**or**
- 3) If completing a program to add a new teaching, school specialist or school leadership endorsement, apply eight semester credit hours of the approved program towards renewal.  
**or**
- 4) Verify three years of accredited experience during the current professional license IF the applicant holds a graduate degree. This type of experience renewal may be used only twice in the applicant's career. Choose "License Lookup" at [www.ksde.org](http://www.ksde.org) (Educators>Licensure) to check how many times this option has been accessed if eligible.  
**or**
- 5) Complete all components of the National Board for Professional Teaching Standards assessment for National Board Certification.  
**or**
- 6) To move to an accomplished teaching license, achieve National Board Certification.

## PLEASE NOTE

- Renewal options are always printed on a license.
- A license may be renewed not more than six months prior to the expiration date.
- Contact the local professional development council in the district in which you are employed.  
If not currently employed, you may contact the district in which you live or work for approval of an individual development plan.



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## Applicants Living Out of State

### Kansas License is Currently Valid

- 1) Refer to options 3, 4, 5, 6 or 7 on the front cover page

**or**

- 2) If you want to maintain your Kansas license while living out-of-state, you may work through the Licensure Review Committee as your professional development council. As a first step, you will need to complete a form to file an individual development plan with the Licensure Review Committee.  
Contact Diana Stephan at 785-296-2280 for more information.

### Kansas License is Expired

- 1) You may work through the Licensure Review Committee as your professional development council to earn points as described in 1 and 2 on the front cover page. As a first step, you will need to complete a form to file an individual development plan with the Licensure Review Committee.  
Contact Diana Stephan at 785-296-2280 for more information.

**or**

- 2) You may be eligible to reinstate your Kansas license as a professional license if you have been employed out-of-state in a state-accredited school system under a valid license or certificate for at least three of the last six years AND you have achieved a professional level license in that state. The reinstated license will be valid only through the validity date of the out-of-state license (or not to exceed five years).

**or**

- 3) Wait until you move back to Kansas and then work with a local professional development council to earn professional development points for renewal.



# Kansas Fingerprint Information and Instructions

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## WHO NEEDS A BACKGROUND CHECK?

- **Any applicant applying for their first Kansas license.**
- **Any applicant whose Kansas certificate/license has expired.**

A background clearance is valid for six months. Applications for licensure submitted six months after the background clearance report is received will require a new fingerprint card submission.

## You must use the Kansas preformatted card (FBI, FD258). Only one card is required.

### 1. Fill out the card:

- Complete name (including aliases, **maiden**, previous married), mailing address, **social security number**, citizenship, and personal information (sex, race, height, weight, eyes, hair, place of birth, date of birth.)
- **DO NOT SIGN THE CARD YET - this will be done in front of the law enforcement officer.**
- The spaces for OCA, FBI, and MNU numbers may be left blank if you do not have one of those numbers.
- **Cards with missing or incomplete information will be rejected.**

### 2. Have your prints taken: - A qualified law enforcement officer must take your fingerprints:

- Take the filled out card to your local police station or sheriff's office.
- Take at least one form of picture identification with you.
- Some law enforcement agencies may charge a fee to take your prints.
- Sign the card in front of the officer taking your prints.
- Digital prints are accepted as long as they are in the FD258 format.

### 3. Background check fee:

- Prepare check or money order for \$50.00 made payable to KSDE.
- **DO NOT SEND CASH.**
- **The \$50.00 for the background check must be submitted as a separate payment from the application fee that is submitted with the license application. Do not combine the background fee and the application fee.**
- A card submitted without the background check fee of \$50.00 will not be processed.

### 4. Mail the card and the fee:

- Place adequate postage on an envelope addressed to Teacher Education and Licensure, KSDE, 120 SE 10th Ave, Topeka, KS 66612-1182.
- Request the law enforcement agency performing the fingerprinting process to place the card along with your **\$50.00 background check fee** in the envelope, seal it and mail it.
- Bent or folded cards will not be accepted and a new fingerprint card will be mailed to you for prints to be taken again.



# Application Checklist

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## 1) Section A:

- I. Vital Information—filled out completely and signed
- II. Basis for Issue—appropriate option is checked

## 2) Section B:

- III.–VI. Appropriate section completed as directed in Section A II
- Verification documents attached. **One or more of the following:**
  - III. Official transcript from college/university
  - IV. Official professional development transcript
  - V. Experience verification form
  - VI. National Board score report
  - Participation in retirement system documented

## 3) Application Fee:

- Check or money order for \$54.00 attached

## 4) Fingerprint Card:

- Fingerprint card and fee submitted if license is expired.

- Refer to the renewal requirements printed on your license or to the renewal options page to verify our renewal options.
- Whenever a new degree has been earned, an official degree transcript must be submitted, regardless of the basis for renewal.
- Any out-of-state accredited experience must be accompanied by a copy of the out-of-state certificate/license valid during verified experience.

### An Equal Employment/Educational Opportunity Agency

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.

The following person has been designated to handle inquiries regarding the non-discrimination policies:

KSDE General Counsel 120 SE 10th Ave. Topeka, KS 66612 (785) 296-3201



Application for Kansas

Renewal of a Professional License

SECTION A - TO BE COMPLETED BY APPLICANT

I. VITAL INFORMATION

1. Social Security Number

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

3. Mailing Address City State Zip Code

4. Birthdate (MM/DD/YYYY) 5. Gender Male Female 6. Phone: ( ) Alt. Phone: ( )

7.A. List all prior names (maiden, alias, previous married, etc.)
B. Effective and expiration dates of last certificate: to
C. Verify all degrees earned: (example: BA, MS, EDS, etc.)
Institution: Degree: Year Earned:
Institution: Degree: Year Earned:

8. Since the issuance of your most recent certificate:
a. Have you ever been convicted of a felony?
b. Have you ever been convicted of ANY crime involving theft, drugs, or a child?
c. Have you entered into a criminal diversion agreement after being charged with any offense described in question 8a or 8b?
d. Are criminal charges pending against you in any state involving any of the offenses described in question 8a or 8b?
e. Have you had a teacher's or school administrator's certificate or license denied, suspended, revoked or been the subject of other disciplinary action regarding any profession in any state?
f. Have you ever been disbarred or had a professional licenses or state issued certificate denied, suspended, revoked or been subject of other disciplinary action regarding any profession in Kansas or any other state?
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?
h. Have you ever falsified or altered assessment data, documents, or test score reports required for licensure?

9. I certify that I am of good moral character and 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 certificate/ license.

Signature of Applicant: Date:

Include a \$54.00 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.



**Application for Kansas**

**Renewal of a Professional License**

**II. BASIS FOR RENEWAL** (Please note renewal options printed on your license or refer to the renewal options page.)

**Please mark one renewal option and then complete the appropriate Section as directed and attach the documents specified:**

- Professional Development Points, including college coursework - **complete Section III and IV; You must submit both a college transcript AND a professional development transcript**
- I am retired and participating in an educational retirement system (Also check mark the appropriate box above for points/credit).
- Professional Development Points only - **complete Section IV**
- I am retired and participating in an educational retirement system (Also check mark the appropriate box above for points only).
- College credit from an approved program in a new endorsement area - **complete Section III**
- Completion of the National Board Assessment process - **complete Section VI**
- Master's Degree and Experience - (Requires graduate degree and 3 years of experience during current license being renewed) - **complete Section V and the Verification of Accredited Experience form**
- Reinstating on out-of-state experience and licensure - **complete Section V and the Verification of Accredited Experience form. Attach copy of license.**

**SECTION B - SUPPORTING DOCUMENTATION**

Complete all sections that pertain to your basis for renewal and attach documentation requested.

**III. EDUCATION INFORMATION**

**A. List all regionally accredited colleges and universities in order of attendance where credit for renewal was earned.**

Name of College/University	State	List your Degree (if earned)	Year Earned	Last term of attendance	Semester Hours Earned for this renewal

**B. Attach official transcripts of all college coursework completed for renewal. If credit is part of an approved program in a new endorsement area, include a copy of your plan of study.**

**IV. PROFESSIONAL DEVELOPMENT POINTS INFORMATION**

**A. List all local education agencies who awarded you Kansas professional development points.**

LEA Name/USD #	Total Points Earned

**B. Attach the official professional development transcript. If retired, attach retirement system verification.**

**V. TEACHING EXPERIENCE INFORMATION**

**A. List all accredited school experience completed during the term of your current license.**

School	City	State	Dates of Employment

**B. Attach the completed experience verification form.**

**VI. NATIONAL BOARD ASSESSMENT PROCESS**

**A. I completed the National Board assessment process during the \_\_\_\_\_ assessment year.**

**B. Attach a copy of your score report which indicates that all entries, including the assessment center exercises, were completed and scored.**

*Please note: If you achieved National Board Certification, obtain Form 11 to apply for a ten year accomplished teaching license.*



**VERIFICATION OF ACCREDITED EXPERIENCE FOR KANSAS LICENSURE**

**SECTION A - TO BE COMPLETED BY APPLICANT**

Social Security Number \_\_\_\_\_

Legal Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate (MM/DD/YYYY) \_\_\_\_\_ Gender  Male  Female Phone: (\_\_\_\_) \_\_\_\_\_  
 Alt. Phone: (\_\_\_\_) \_\_\_\_\_

Former Name(s) \_\_\_\_\_

I have no accredited experience in the most recent six (6) year period.  
 I hereby give my former and/or current employer permission to release any and all information required in Section B.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B - TO BE COMPLETED BY EMPLOYING SYSTEM**

The above named individual was employed in our school system as verified below.

Name of School System \_\_\_\_\_ Accreditation Information  
 State Accredited School?  NO  YES  
 If not state accredited, attach verification of accreditation status.

School Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Beginning Date of Employment (MM/DD/YYYY)	Ending Date of Employment (MM/DD/YYYY)	Assignment Include teaching, administrative, school specialist assignments	Grade level

Experience was full-time under contract  
 Experience was at least half-time (.5 FTE) but less than full-time  
 Experience was less than half-time under contract

Total number of years employed in the district \_\_\_\_\_

Administrator's Name (Please Print or Type) \_\_\_\_\_ Administrator's Position \_\_\_\_\_ School Phone Number (\_\_\_\_) \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE**  
 THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS