



APPLICATION FOR KANSAS
**PROVISIONAL TEACHING
 LICENSE OR PROVISIONAL
 SCHOOL SPECIALIST LICENSE**
 FROM OUT-OF-STATE INSTITUTIONS ONLY

FORM
4a

KSDE USE ONLY	Sign		Consultant
	Fee		
	Expire	FP In	
	RAP	Sendback	
	M&E	Verified by	
	Walk-in		

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. Ethnicity (Mark only if applicable) Hispanic/Latino

9. Race (Choose one or more) American Indian or Alaska Native Black or African American White Asian
 Native Hawaiian or Other Pacific Islander Refuse to Designate

10. Have you honorably served in any branch of the US Armed Forces, including the National Guard and Reserves?

No Yes
 If Yes, please enter total years below in a and b.
 a. Total years of active duty service in any branch of the US Armed Forces (if none enter "0") _____
 b. Total years of national guard/reserve service (if none enter "0") _____

11. Email Address (Please provide an email address that will be active throughout the application process so that we may notify you of the changing status of your application.)

Please read the following questions very carefully. Failure to accurately answer these questions or submit appropriate documents will delay the issuance of your license. Unless expunged, you are required to disclose both adult and juvenile offenses.

12. a. Have you **EVER** been convicted of a felony?
 NO YES If yes, please attach a certified copy of the charging document and of the journal entry of conviction.
- b. Have you **EVER** been convicted of **ANY** crime involving theft, drugs, or a child?
 NO YES If yes, please attach a certified copy of the charging document and of the journal entry of conviction.
- c. Have you **EVER** entered into a diversion agreement or otherwise had a prosecution diverted after being charged with any felony or any crime involving theft, drugs, or a child?
 NO YES If yes, please attach a certified copy of the charging document, the diversion agreement, and the journal entry closing that case.
- d. Are criminal charges pending against you in any state involving any felony or any crime involving theft, drugs, or a child?
 NO YES If yes, please attach a certified copy of the charging document.
- 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 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 disbarred or had a professional license or state issued certificate denied, suspended, revoked or been the subject of other disciplinary action regarding any profession in Kansas or any other 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.

h. 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? _____

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

13. Subject and level of licensure requested: Subject _____
Grade Level _____

14. 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. I hereby grant the permission and authorize the Kansas State Department of Education to verify all responses with any mental health facility or governmental agency and to obtain and review all records maintained by any criminal justice agency, including a criminal history record information check, regarding any of my criminal charges, adjudications, or convictions, and to contact previous employers for information regarding the term of my employment. I hereby release, discharge, and exonerate the Kansas State Department of Education, its employees, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records and information. I understand that any material submitted in connection with this application will become the property of the Kansas State Department of Education, and may be considered a public record.

I hereby give my verifying licensing institution permission to release any and all information needed in Section C or D.

Signature of Applicant _____
Date

SECTION B: VERIFICATION OF EMPLOYMENT

I verify that this individual has been assigned to teach _____
in grades _____ for the _____ school year _____

Signature of Principal or Superintendent _____
USD #

Include a **\$60.00 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 Licensure and Accreditation, KSDE, Landon State Office Building,**
900 SW Jackson Street, Suite 106, Topeka, KS 66612-1212.
Processing fee **CANNOT** be refunded and does not guarantee a license will be issued.

KSDE is no longer printing and mailing paper licenses

You can view, save or print a copy of your license online at License Look-up at <https://svapp15586.ksde.org/TLL/SearchLicense.aspx>. Enter the requested information and hit "search". When the search is completed, your license information page will display and you will see a button to "Print License". You may save a PDF and/or print a copy of your newly issued license using the Print License button.

You may also track your application processing through License Look-up. As soon as your status goes to "Print" or "Not Active", the Print License button will become available and will remain available to you throughout the validity of your license. A license or certificate printed from the License Look-up website may be considered an "official copy" for district files.

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**



KANSAS TEACHER LICENSURE FINGERPRINT MEMO

Fingerprint Information and Instructions

Who needs a background check?

- Any applicant applying for their first Kansas license.
- Any applicant whose Kansas certificate/license has expired.
- Any applicant submitting any type of license application (renewal, added endorsement, initial school leadership/specialist license, etc.) if the applicant has never submitted fingerprints as a part of any previous application for a Kansas certificate or license.

- If this is your first license or your license is expired, make sure you submit your license application and fee **no later than six months** after you submit the fingerprint card and fee or you will be required to submit a new card and fee.
- If your license is currently valid and you have never submitted fingerprints as any previous application for a Kansas certificate or license, **submit your fingerprint card and fee at the time you submit your next license application.**

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 - Only a qualified law enforcement officer or properly trained school personnel can take your fingerprints:

- Contact your local law enforcement agency before you go! They may require an appointment.
- 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 (DO NOT BEND THE CARD):

- Place adequate postage on an envelope addressed to:

You may use this as a mailing label on any envelope or the one this fingerprint packet arrived in.



Teacher Licensure and Accreditation
 Kansas State Department of Education
 Landon State Office Building
 900 SW Jackson St Suite 106
 Topeka KS 66612-1212

- 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.

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 and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 106, Topeka, KS 66612, (785) 296-3201

Dec 2015



Teacher Licensure and Accreditation
 Kansas State Department of Education
 Landon State Office Building
 900 SW Jackson Street, Suite 106
 Topeka, Kansas 66612-1212

(785) 296-2288
 (785) 296-7933 - fax
www.ksde.org