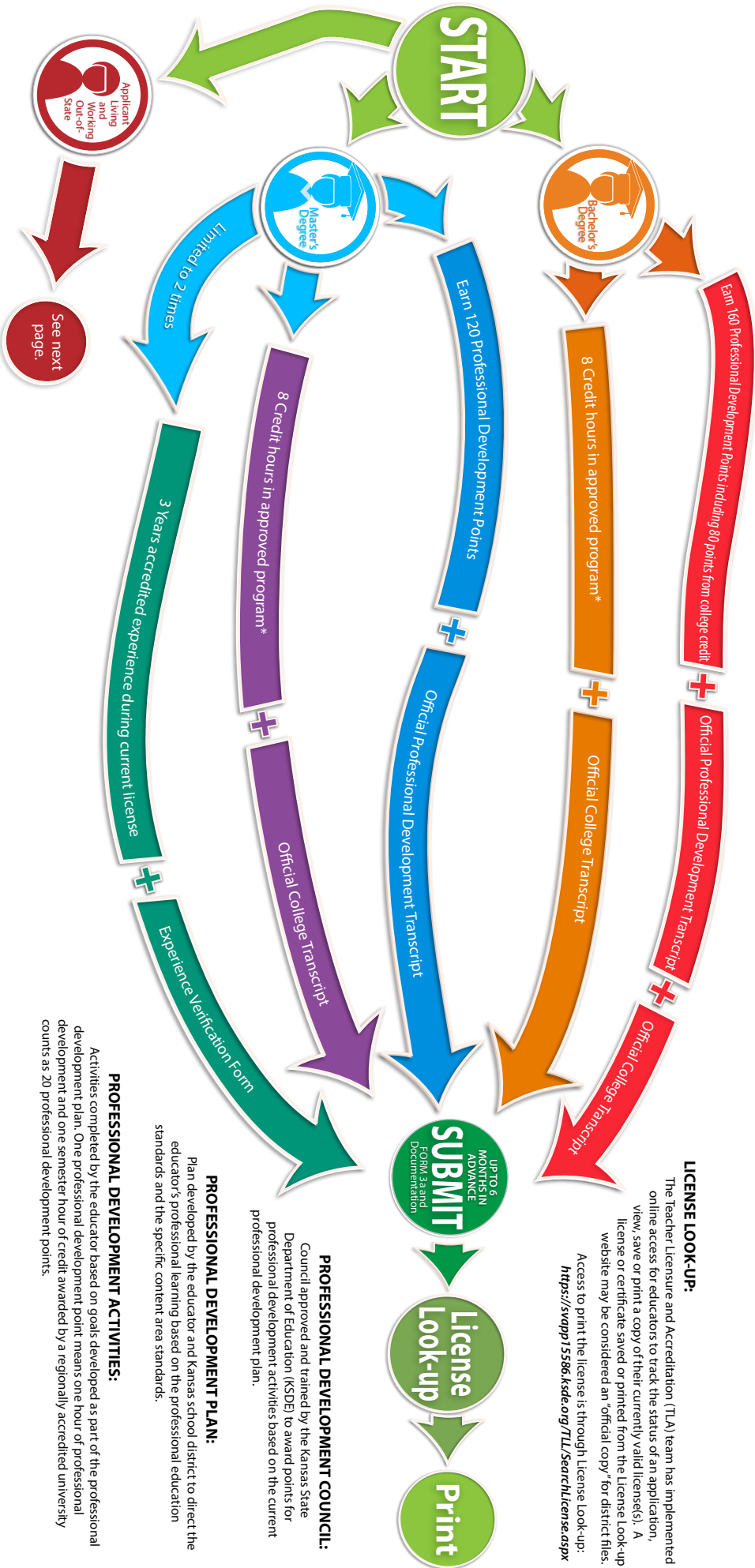


A five year professional license may be renewed by completing one of the following during the term of the professional license:



* **APPROVED PROGRAM:** University/college program approved by the state that leads to a new endorsement/license. Example: ESOL School Counselor, Building Leadership.

For more information contact:

Teacher Licensure and Accreditation
 Kansas State Department of Education | Landon State Office Building | 900 SW Jackson Street, Suite 106 | Topeka, KS 66612-1212
 (785) 296-2288

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 its programs and other design and goods. The following person has been designated to handle inquiries regarding the non-discrimination policies: CSDE General Counsel, Office of General Counsel, 302L Landon State Office Building, 900 SW Jackson Street, Topeka, KS 66612-1203, 785-296-2071

www.ksde.org

Rev. 2019

APPLICANTS LIVING OUT-OF-STATE

Kansas License is Currently Valid

1. Refer to either Bachelor's or Master's Degree Options listed on the flowchart on the previous 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 us for more information (785) 296-2288.

Kansas License is Expired

1. You may work through the Licensure Review Committee as your professional development council to earn points as described on either the Bachelor's or Master's Degree Options. As a first step, you will need to complete a form to file an individual development plan with the Licensure Review Committee.

Contact us for more information (785) 296-2288.

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.

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

WHAT YOU NEED TO KNOW ABOUT THE APPLICATION:

- Refer to the renewal requirements printed on your license or to the renewal options page to verify your 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.
- Check boxes at the end of this application will help ensure that you submit appropriate documents

*Accredited experience means experience gained, under contract, in a school accredited by the state board or a comparable agency in another state, while the educator holds a license with an endorsement valid for the specific assignment. A year of experience means accredited experience that constitutes one-half time or more in one school year.

SECTION A: VITAL INFORMATION

Complete all Data Fields and Answer all Professional Conduct Questions.

1. VITAL INFORMATION

Social Security Number		Birthdate (MM/DD/YYYY)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
LEGAL NAME: First Name		Middle Name		Last Name	
All prior names (Maiden, alias, previous married, etc.)					
Mailing Address					
City		State		Zip	
Phone		Alt Phone		Email Address	
Ethnicity (mark only if applicable)		Race (mark one or more as applicable)			
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> White	
		<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
				<input type="checkbox"/> Asian	
		<input type="checkbox"/> Choose not to designate			
Military Service: Have you honorably Served in any branch of the US Armed Forces, including the National Guard and Reserves?					
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If Yes, please enter total years below in a and b.</i>					
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"): _____					
Certification and Education:					
Effective and expiration dates of last certificate: _____ to _____					
Verify all degrees earned (example: BA, MS, EDS, etc.):					
INSTITUTION		DEGREE		YEAR EARNED	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

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.

- a. Have you **EVER** been convicted of a felony? NO YES *If yes, please attach a certified copy of the following documents:*
- Charging document
 - 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 following documents:*
- Charging document
 - 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 following documents:*
- Charging document
 - Diversion agreement
 - 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
 - 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
 - Revoked
- Which State(s): _____*
Please attach a copy of the official documents regarding the action taken against you.
- 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? _____

SIGNATURE AND DATE REQUIRED

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 or 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 including a release of any information concerning myself in the child abuse and neglect central registry records, 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.

AND

I hereby give my employing school district and verifying licensing institution permission to release any and all information needed.

Applicant Printed Name

Last 4 digits of Social Security Number

Signature of Applicant

Date

SEND ORIGINAL SIGNED FORM 3A - NO PHOTOCOPIES ACCEPTED

SECTION B. BASIS FOR RENEWAL

PLEASE MARK ONE RENEWAL OPTION BELOW:

- Professional Development Transcripts should be signed and sealed by your school district. Unsigned, unofficial copies (*including photocopies*) will not be accepted.
- Experience Verification Forms (*page 5*) should be signed and sealed by your school district or emailed directly from the verifying administrator to experienceform@ksde.org. Incomplete or photocopied forms will not be accepted.
- No applications or documentation is accepted via fax.
- Printing out an electronic college/university transcript is unofficial and will not be accepted.
- If college/university transcripts are required they can be sent electronically directly from the institution to etranscripts@ksde.org

Please mark **ONE** college/university transcript delivery option (*if applicable*):

Electronically Mail

	RENEWAL OPTIONS	INCLUDE THESE DOCUMENTS:
BACHELOR'S DEGREE	The highest degree I hold is a bachelor's degree	
	<input type="checkbox"/> Professional development points: 160 points with 80 of those points from semester credit hours	Official signed, itemized professional development transcript Official college/university transcripts
	<input type="checkbox"/> 8 college credit hours in an approved program <i>(Examples: special education, building leadership, school counseling, ESOL, etc.)</i>	Official college/university transcripts
	<input type="checkbox"/> Retired: collecting KPERS or a comparable educational retirement benefit renew on 80 professional development points with 40 points from semester credit hours	Verification of retirement (contact KPERS at (785) 296-6666) Official signed, itemized professional development transcript Official college/university transcripts
MASTER'S DEGREE	I hold a master's degree or higher	
	<input type="checkbox"/> Professional development points: 120 professional development points	Official signed, itemized professional development transcript IF any professional development points are from college credit hours provide Official college/university transcripts
	<input type="checkbox"/> 3 years of accredited experience* during the 5 year term of this license <i>(limited to two times throughout career)</i>	Completed experience verification form (page 5)
	<input type="checkbox"/> 8 college credit hours in an approved program <i>(Examples: special education, building leadership, school counseling, ESOL, etc.)</i>	Official college/university transcripts
	<input type="checkbox"/> Retired: collecting KPERS or a comparable educational retirement benefit renew on 60 professional development points	Verification of retirement (contact KPERS at (785) 296-6666) Official signed, itemized professional development transcript IF any professional development points are from college credit hours provide Official college/university transcripts
OUT-OF-STATE EXPERIENCE	I am reinstating an expired certificate/license on out-of-state experience	
<input type="checkbox"/> 3 years of accredited experience* earned within the last 6 years	Completed experience verification form Out-of-state license valid during the experience Currently valid out-of-state license	
NATIONAL BOARD CERTIFICATION	I am using my National Board Assessment to renew my license PLEASENOTE: If you have achieved National Board Certification complete the application FORM 11 for an accomplished license.	Attach a copy of your score report which indicates that all entries, including the assessment center exercises, were completed and scored. Year National Board Assessment completed: _____

* **ACCREDITED EXPERIENCE** means experience gained, under contract, in a school accredited by the state board or a comparable agency in another state, while the educator holds a license with an endorsement valid for the specific assignment. A year of experience means accredited experience that constitutes one-half time or more in one school year.

COMPLETE FOLLOWING SECTIONS:

1. SECTION A: VITAL INFORMATION - filled out completely and signed

2. SECTION B: BASIS FOR RENEWAL

3. APPLICATION FEE

Check or money order for \$70.00 attached 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.

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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 "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 License Look-up website may be considered an "official copy" for district files.

4. FINGERPRINT CARD

Fingerprint card and fee submitted if needed (*see page 7 for Kansas Teacher Licensure Fingerprint Memo*)

- 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.

** Accredited experience means experience gained, under contract, in a school accredited by the state board or a comparable agency in another state, while the educator holds a license with an endorsement valid for the specific assignment. A year of experience means accredited experience that constitutes one-half time or more in one school year.*

VERIFICATION OF ACCREDITED EXPERIENCE

ACCREDITED EXPERIENCE means experience gained, under contract, in a school accredited by the state board or a comparable agency in another state, while the educator holds a license with an endorsement valid for the specific assignment. A year of experience means accredited experience that constitutes one-half time or more in one school year.

A: TO BE COMPLETED BY THE APPLICANT

Last 4 digits of Social Security Number	Birthdate (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
LEGAL NAME: First Name	Middle Name	Last Name
All prior names (Maiden, alias, previous married, etc.)		
Mailing Address		
City	State	Zip
Phone	Alt Phone	Email Address

B: TO BE COMPLETED BY EMPLOYING SYSTEM

SCHOOL DISTRICT OR PRIVATE SCHOOL ADMINISTRATOR:

- Please complete and sign.
- Return the completed, signed hard copy in a sealed official school envelope to the Applicant **OR** email as attachment to experienceform@ksde.org. Coordinate submission with the applicant.

Name of School System		
State Accredited School and/or District?	<input type="checkbox"/> YES <input type="checkbox"/> NO	(if not state accredited, please attach verification of accreditation status)
Name of School/District Administrator	Title/Position	Phone
Mailing Address		
City	State	Zip

I verify the above applicant was employed in our school system as listed below and the applicant's employment qualified as accredited experience:

BEGINNING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)	ENDING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)	QUALIFYING ASSIGNMENT: List specific assignments below (Examples: Elementary Education K-6, Science 5-8, Principal PreK-12, School Counselor PreK-12, Reading Specialist PreK-12 etc.)	GRADE LEVEL	EMPLOYMENT IS:
				<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time
				<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time
				<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time

Signature of District Representative

Date

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

(785) 296-2288
 (785) 296-7933 - fax

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Topeka, KS 66612-1212

(785) 296-2288
(785) 296-7933 - fax



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.

