

APPLICATION FOR KANSAS LIMITED APPRENTICE LICENSE - PILOT

INSTRUCTIONS LIMITED APPRENTICE APPLICATION

Kansas State Board of Education Pilot for High-Incidence Special Education or Elementary Education

Candidates for a Limited Apprentice License for either High-Incidence Special Education (SPED) or Elementary Education must submit a completed application and fee along with a fingerprint card and fee **PRIOR TO THE START OF THEIR FIRST SEMESTER IN THE APPROVED PROGRAM.**

ELIGIBILITY REQUIREMENTS FOR SUBMITTING AN APPLICATION:

- Applicant holds a bachelor's degree from a regionally accredited college/university.
- District has identified applicant as a person with great potential, based on needs of district and will support and employ the applicant (*when eligible*).
- Applicant has experience as a special education paraprofessional if completing a high-incidence program.
- Applicant is accepted into an appropriate approved teacher preparation program (*for elementary or high-incidence special education*).
 - Applicant has been provided with a plan of study for completing program within two years.
 - Applicant can verify enrollment in the required first semester coursework from the plan of study.
 - If completing elementary education, a field experience has been arranged collaboratively with the district and university.

(Refer to full requirements for the pilot programs on the back of this page.)

AFTER REVIEW AND VERIFICATION BY KSDE OF ELIGIBILITY AND A FINGERPRINT CLEARANCE:

- **A STATEMENT OF ELIGIBILITY** will be issued.
- Applicant's file will remain open for completion of first semester coursework and/or field experiences.

UPON SUCCESSFUL COMPLETION OF FIRST SEMESTER REQUIREMENTS:

- A **PROGRESS REPORT** is submitted.
- The **LIMITED APPRENTICE LICENSE** is issued if all requirements are complete.
- The applicant can be placed as the teacher of record.
- For High-Incidence SPED, reimbursement/Cat Aid is applicable if placed in an appropriate assignment.

ELEMENTARY EDUCATION PILOT

1. **Degree required** (*from regionally accredited university*).
2. **District identifies:**
 - a. Person with great potential; based on needs of district.
3. **Verify enrollment in an approved program:**
 - a. Program can be a traditional, accelerated or innovative program.
4. **Complete a Field Experience – Fall Semester** (*or first semester of program*):
 - a. Supervised by Institute of Higher Education (*IHE*).
 - b. Minimum of eight to 10 hours per week for eight weeks (*or can be full-time para*).
 - c. Must cover both the primary and intermediate elementary.
 - d. Must be under the guidance and supervision of licensed teacher(s) during the entire field experience.
 - e. Concurrent enrollment in coursework from approved program (*if not completed prior*).
5. **Spring Semester** (*or second semester of program/hire*) – **Issued a Limited Apprentice License:**
 - a. Must have completed the field experience requirements.
 - b. Must be hired as the elementary classroom teacher (*Teacher of Record*).
 - c. Continued enrollment in coursework from the plan of study.
 - d. Begin formal approved mentor program.
6. **Must complete entire program within two years.**

HIGH-INCIDENCE SPECIAL EDUCATION PILOT

1. **Degree required** (*from regionally accredited university*).
 2. **Must have at least one year as a paraprofessional.**
 3. **District identifies:**
 - a. Person with great potential; based on needs of district.
 4. **Verify enrollment in an approved program for High-Incidence SPED:**
 - a. Copy of the program plan of study would be required.
 5. **Fall semester** (*or first semester of program*):
 - a. Continue employment as a paraprofessional.
 - b. Paired with a mentor.
 - c. Complete six to nine credit hours of coursework from the approved program.*
- *IF applicant completes the six to nine credit hours during the summer, they do not have to continue as a para for a semester and can apply for the LAL license (#6).*
6. **Spring semester** (*or second semester of program/hire*) – **Issued a Limited Apprentice License.**
 - a. Must have completed the credit hour requirement and employment as a para the first semester.
 - b. Hired as the SPED teacher (*Teacher of Record*).
 - c. Continued enrollment in coursework from the plan of study.
 - d. Begin formal approved mentor program.
 7. **Must complete entire program within two years.**

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	Fee			
	Expire		FP In	
	RAP		Sendback	
	M&E		Verified by	
	Walk-in			

SECTION A: TO BE COMPLETED BY THE APPLICANT

Complete all Data Fields and Answer all Professional Conduct Questions.

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"/> Asian	
				<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		<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"): _____					

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? _____

I am applying for a Limited Apprentice License for:

Elementary Education

OR

High Incidence Special Education for grade levels: _____

This school district will be employing me: _____
(District Name and USD)

I am completing my licensure program through this college/university: _____
(College/University)

I have been provided a **Plan of Study** by the university **and am currently enrolled in coursework** from the plan of study. **(attach verification of enrollment)**

WHAT YOU NEED TO KNOW ABOUT EDUCATION HISTORY:

- Official paper transcripts **OR** electronic transcripts are accepted.
- Electronic transcripts must be sent directly from the college or university system to the following email address: etranscripts@ksde.org
- Transcripts of all degrees earned **MUST** be submitted.

I have earned degree(s) from the following college/university.

STATE	NAME OF COLLEGE/UNIVERSITY	DEGREE	YEAR EARNED	LAST TERM OF ATTENDANCE	
				TERM	YEAR
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CHOOSE ONE:

I am including official paper transcripts with my application *(No photocopies)*.

OR

My college/university submitted electronic transcripts directly to the following email address: etranscripts@ksde.org

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 24 - NO PHOTOCOPIES ACCEPTED

APPLICANT CHECKLIST

COMPLETE FOLLOWING SECTIONS:

ALL THREE SECTIONS of the completed application must be mailed together with the application fee.

The Fingerprint Card and fee may be mailed separately.

- 1. SECTION A: VITAL INFORMATION** - filled out completely and signed
- 2. SECTION B: DISTRICT** - filled out completely by district and signed
- 3. SECTION C: UNIVERSITY** - filled out completely by university and signed
- 4. APPLICATION FEE**
 - Check or money order for **\$65.00** 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 S.W. Jackson Street, Suite 106
 Topeka KS 66612-1212

- 5. FINGERPRINT CARD**
 - Fingerprint card and fee submitted if needed (*see page 9 for Kansas Teacher Licensure Fingerprint Memo*)



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B: TO BE COMPLETED BY DISTRICT

Last 4 digits of Social Security Number: _____

LEGAL NAME: First Name _____ Middle Name _____ Last Name _____

SCHOOL DISTRICT:

- Please complete and sign.
- Return the completed, signed hard copy in a sealed official school envelope to the Applicant. Coordinate submission with the applicant.

Name of School System _____

Name of School/District Administrator _____ Title/Position _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

ASSURANCES

- This applicant has the dispositions and qualities to be successful and our district will support this applicant as they complete their licensure program and while they are in the classroom.

a. If the applicant is applying for Elementary Education:

- I verify that a field experience that consists of no less than 8-10 hours per week for a minimum of 10 weeks has been arranged in collaboration with the university. The applicant will be provided with opportunities at both the **primary and intermediate** elementary levels during this field experience and the district will work with the teacher education institution on supervision during the field experiences and:

- Licensed teachers will be assigned to the applicant during the field experience.
- The field placement will be (*anticipated locations*):

SCHOOL	GRADE
_____	_____
_____	_____

OR

b. If the applicant is applying for High Incidence Special Education:

- I verify the applicant has the minimum of one year experience as a Special Education paraprofessional.

- c. We have collaborated with _____
(University Name)
regarding the approved program that the applicant will pursue and the on-site support the applicant will receive.
A copy of the plan has been provided to us.

Upon successful completion of all first semester requirements, the applicant will be placed in the following assignment under the Apprentice license:

ASSIGNMENT (STATE COURSE CODE)	GRADE LEVELS OF ASSIGNMENT

I certify that the information on the application is true and complete to the best of my knowledge.

District Level Administrator Name *(please print)*

Position Title *(please print)*

District Level Administrator Signature

Date

- A Statement of Eligibility will be issued by the Kansas State Department of Education on submission of the Form 24 and receipt of a Fingerprint Clearance Report.
- A Progress Report will be required at the end of the 1st semester in the program. The Limited Apprentice License will be issued upon submission of an appropriate progress report.



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C: TO BE COMPLETED BY INSTITUTION

Last 4 digits of Social Security Number: _____

LEGAL NAME: First Name

Middle Name

Last Name

INSTITUTION

- 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 Institution

Name of Program Administrator

Title/Position

Phone

Mailing Address

City

State

Zip

ASSURANCES

This applicant has been accepted into and is enrolled in an approved licensure program for:

Elementary Education

OR

High Incidence Special Education for grade levels: _____

The applicant and the hiring district have been provided with a plan of study for completion of the program within the next two years. The plan shows clear designation of coursework that must be completed during the first semester of the program in order to qualify for the Limited Apprentice License.

We have collaborated with _____
(USD Name)
regarding the approved program that the applicant will pursue and the on-site support the applicant will receive.

A COPY OF THE PLAN OF STUDY MUST BE ATTACHED

a. If the applicant is applying for Elementary Education:

I verify that a field experience that consists of no less than 8-10 hours per week for a minimum of 10 weeks has been arranged in collaboration with the district. The applicant will be provided with opportunities at both the **primary and intermediate** elementary levels during this field experience and will be supervised by our institution during the field experiences.

OR

b. If the applicant is applying for High Incidence Special Education:

I verify the applicant has the minimum of one year experience as a Special Education paraprofessional.

I certify that the information on the application is true and complete to the best of my knowledge.

Program Administrator Name *(please print)*

Position Title *(please print)*

Program Administrator Signature

Date

- A Statement of Eligibility will be issued by the Kansas State Department of Education on submission of the Form 24 and receipt of a Fingerprint Clearance Report.
- A Progress Report will be required at the end of the 1st semester in the program. The Limited Apprentice License will be issued upon submission of an appropriate progress report.





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.



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