

## CHECKLIST FOR SUBMITTING A COMPLETE APPLICATION

**ALL THREE SECTIONS** (Sections A - C) must be submitted together along with the application fee.

- SECTION A: Applicant**  
Pages 3-6 filled out completely by applicant and signed.
- SECTION B: Employing School System**  
Pages 7-8 filled out completely by employing school system and signed.  
Coordinate submission with the applicant.
- SECTION C: Institution**  
Pages 9-10 filled out completely by institution and signed.  
Coordinate submission with the applicant.
  - Plan of Study:** Filled out completely by institution and signed.

- APPLICATION FEE**  
**Check or money order for \$65** made payable to the Kansas State Department of Education.  
Choose **ONE**:
  - Check
  - Money order

- MAIL ALL SECTIONS and APPLICATION FEE to:**  
KSDE  
Attention: TLA  
900 S.W. Jackson Street, Suite 106  
Topeka KS 66612-1212

- Fingerprint Card**  
*If needed, fingerprint card and fee can be submitted (see Fingerprint Instructions on page 11).*  
Fingerprint card and fee may be submitted separately.

For more information, contact:

Teacher Licensure and Accreditation  
(785) 296-2288  
(785) 296-7933 - fax



Kansas State Department of Education  
900 S.W. Jackson Street, Suite 102  
Topeka, Kansas 66612-1212

(785) 296-3201  
[www.ksde.org](http://www.ksde.org)

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 nondiscrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201.

SIGN		LEGAL	CONSULTANT
FEE			
EXPIRE		FP IN	
RAP		SENDERBACK	
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:

 Male  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)

 Hispanic/Latino

 American Indian or Alaska Native

 White

 Native Hawaiian or Other Pacific Islander

 Black or African American

 Asian

 Choose not to designate

1. Are you or your spouse a current member of any branch of the United States Armed Services (Army, Marine Corps, Navy, Air Force, Space Force or Coast Guard) U.S. military reserves or any state's National Guard?

 Yes (If yes, skip to question 5 on page 4.)  No (Continue to question 2.)

2. Are you or your spouse a former member of any branch of the United States Armed Services (Army, Marine Corps, Navy, Air Force, Space Force or Coast Guard) U.S. military reserves or any state's National Guard with an honorable discharge?

 Yes (If yes, skip to question 5 on page 4.)  No (Continue to question 3.)

3. Are you a current resident of the state of Kansas?

 Yes (If yes, skip to question 5 on page 4.)  No (Continue to question 4.)

4. Do you intend to establish residency in the state of Kansas?

 Yes  No

**5. 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?  Yes *If yes, please attach a **certified copy** of the following documents:*  
 No *• Charging document*  
*• Journal entry of conviction*

b. Have you **EVER** been convicted of **ANY** crime involving theft, drugs or a child?  Yes *If yes, please attach a **certified copy** of the following documents:*  
 No *• 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?  Yes *If yes, please attach a **certified copy** of the following documents:*  
 No *• 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?  Yes *If yes, please attach a **certified copy** of the*  
 No *• 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?  Yes *If yes, please indicate the action taken:*  
 No  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?  Yes *If yes, please **attach a copy of the official documents** regarding*  
 No *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?  Yes *If yes, please indicate the action taken:*  
 No  Denied  
 Suspended  
 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?  Yes *If yes, which school system(s)? \_\_\_\_\_*  
 No *When? \_\_\_\_\_*

i. Have you ever falsified or altered assessment data, documents or test score reports required for licensure?  Yes *If yes, which state(s)? \_\_\_\_\_*  
 No *When? \_\_\_\_\_*

# ASSURANCES

1.  I verify that I have a minimum of one full school year as a full-time special education paraprofessional under the supervision of a special education teacher.
  - The paraprofessional experience was completed in this school system: \_\_\_\_\_
  
2.  This school system has employed me in an appropriate special education position: \_\_\_\_\_
  
3.  I am completing the limited apprentice high incidence special education program through this university: \_\_\_\_\_
  
4.  I have been provided a **plan of study** by the university and understand which coursework needs to be completed each semester.
  - a.  I have **completed** the first semester (minimum of at least 6 credit hours) from my plan of study.
  - b.  I am **currently enrolled** in second semester coursework from the plan of study.
  
5.  I have earned degree(s) from the following college/university:

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

## 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 system and verifying licensing institution permission to release any and all information needed.

Applicant name *(please print)*

Last 4 digits of Social Security number

\_\_\_\_\_

\_\_\_\_\_

Signature of applicant

Date

\_\_\_\_\_

\_\_\_\_\_

**SEND ORIGINAL SIGNED FORM 24 - NO PHOTOCOPIES ACCEPTED**

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SIGN		LEGAL	CONSULTANT
FEE			
EXPIRE		FP IN	
RAP		SENDERBACK	
M&E		VERIFIED BY	
WALK-IN			

**SECTION B: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM**

Complete all data fields and coordinate submission with the applicant.

Last 4 digits of Social Security Number

Legal name: First name

Middle name

Last name

Name of school system

Name of school system administrator

Title/position

Phone

Mailing address

City

State

Zip

**ASSURANCES**

- This applicant has the dispositions and qualities to be successful, and our school system will support this applicant as they complete their high incidence licensure program and while they are in the classroom.
- I verify that this applicant has a minimum of one full school year as a full-time special education paraprofessional under the supervision of a special education teacher.
- We have collaborated with \_\_\_\_\_ (*institution/university name*) regarding the approved high incidence special education program the applicant is pursuing and the on-site support the applicant will receive. A copy of the plan of study has been provided to us.
  - The applicant has completed their first semester of coursework (*minimum of 6 credit hours*) from the plan of study and is **currently enrolled** in second semester coursework.
- The applicant has been hired in the following special education high incidence assignment:

ASSIGNMENT	GRADE LEVELS OF ASSIGNMENT

5.  A licensed teacher with a minimum of three years experience is assigned as a mentor, and an approved mentor program will be delivered to the teacher during the apprentice license.

Name of mentor

Mentor ID number

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- The mentor has shared their contact information with the university advisor for collaboration purposes in supporting the candidate.

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

School system administrator *(please print)*

Title/position *(please print)*

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School system administrator signature

Date

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APPLICATION FOR KANSAS  
LIMITED APPRENTICE LICENSE

KSDE Use Only

SIGN		LEGAL	CONSULTANT
FEE			
EXPIRE		FP IN	
RAP		SENDBACK	
M&E		VERIFIED BY	
WALK-IN			

**SECTION C: TO BE COMPLETED BY INSTITUTION**

Complete all data fields and coordinate submission with the applicant..

Last 4 digits of Social Security Number

Legal name: First name

Middle name

Last name

Name of institution

Name of program administrator

Title/position

Phone

Mailing address

City

State

Zip

**ASSURANCES**

1.  This applicant has been accepted into and is completing our approved limited apprentice license high incidence program for grade levels \_\_\_\_\_. We will support this applicant through the completion of program.
2.  I verify that the applicant has met the following requirements:
  - a.  Holds degree(s) from regionally accredited college/university as verified in the chart below

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

- b.  Meets a GPA requirement of 2.50 on a 4.0 scale for the most recent 60 semester credit hours earned by the candidate.  
GPA for the most recent 60 credit hours \_\_\_\_\_.

- c.  Has completed a minimum of one full school year as a full-time special education paraprofessional under the supervision of a special education teacher.
- d.  We have collaborated with \_\_\_\_\_ (school system name) regarding the approved high incidence special education program the applicant is pursuing and the on-site support the teacher will receive from our university.
  - The university advisor has provided their contact information with the assigned mentor teacher for collaboration purposes in supporting the candidate.

3. Plan of study:

- a.  A copy of the plan of study is attached.
  - 1.  Applicant has **completed** the first semester (minimum of 6 credit hours).
  - 2.  Applicant is **currently enrolled** in second semester coursework.
  - 3.  Applicant should complete the program requirements during this semester \_\_\_\_\_ and the limited apprentice license (LAL) should be issued valid through the stated semester.
- b.  The applicant and the hiring school system have been provided with a copy of the plan of study.

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

Program administrator (please print)

Title/position (please print)

\_\_\_\_\_

\_\_\_\_\_

Program administrator signature

Date

\_\_\_\_\_

\_\_\_\_\_

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# Fingerprint Instructions

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

A qualified law enforcement officer or properly trained school personnel **MUST** take your fingerprints.

1. Make an appointment with your local law enforcement agency (or school personnel) to have your prints taken. **Note the following items to bring to your appointment:**

- The blank fingerprint card that was included in this packet.
- At least **ONE** form of picture identification.
- Law enforcement agencies may charge a fee to take your prints – be prepared with a check or cash to pay this fee to the law enforcement agency. This fee to take your prints is in addition to the \$50 fee charged by the Kansas Bureau of Investigation (KBI) to conduct the background check.
- The \$50 fee KBI fee covers a criminal records background check. **Bring a check or money order for \$50 made payable to KSDE.** This payment will be sent to KSDE in the same envelope with your completed fingerprint card.
  - The \$50 fee for the background check must be submitted as a separate payment from the application fee that is submitted with the license application. **DON'T COMBINE THE BACKGROUND FEE AND THE APPLICATION FEE.**
- Bring a pre-addressed, stamped envelope large enough to accommodate the fingerprint card with you to your appointment. You may use the envelope you received the card in and the mailing label provided on this sheet. Address to:

KSDE  
 Attention: TLA  
 900 SW Jackson Street, Suite 106  
 Topeka, KS 66612-1212

*You may use the above box as a mailing label on any envelope or the one that the fingerprint packet arrived in.*

2. During the fingerprint appointment:

- The personal information on the top of the card will be completed as directed by the law enforcement officer.
- Sign the card in front of the officer who is taking your prints.
- Your prints may be taken digitally and printed in the FD258 format OR inked directly onto the card provided.
- Have the law enforcement officer performing the fingerprint process place in the stamped, pre-addressed envelope you have provided, seal it, and mail it directly to the Kansas State Department of Education (KSDE):
  - The completed card.
  - \$50 background check fee.

3. Other items to note:

- **Bent or folded cards won't be accepted**, and a new fingerprint card will be mailed to you for prints to be taken again.
- **KSDE won't accept walk-in delivery of completed fingerprint cards unless presented in a sealed envelope with the stamp of the law enforcement office applied directly across the seal of the envelope.**

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