



SCHOOL SPECIALIST LICENSE

FROM OUT-OF-STATE INSTITUTIONS ONLY

Form 4a

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

SECTION A - TO BE COMPLETED BY APPLICANT

1. Social Security Number								
2. Leg	gal Name	(First)	(Middle)	(Last)				
3. Lis	3. List all prior names (maiden, alias, previous married, etc.)							
4. Ma	iling Address		City	State	Zip Code			
	8				· · · · · ·			
5. Birthdate		6. Gender	7. Phone:	• •	·			
(MM/DD/YYYY)		MaleFemale	Alternate Phone:	• • ·	·			
8. Et	hnicity (Mark only if	applicable) 🗌 Hispanic/	Latino					
9. Ra	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. H		erved in any branch of t	he US Armed Forces, inc	luding the National Guard	and Reserves?			
		l years below in a and b.						
			n of the US Armed Forces	(if none enter "0")				
		l guard/reserve service (i		(
11 5		· · · · · · · · · · · · · · · · · · ·	<u> </u>	1 11 .1	1			
			that will be active through	nout the application process	so that we may notify you			
of the	changing status of yo	ur application.)						
Please	read the following que	stions very carefully. Failu	ire to accurately answer the	se questions or submit appro	priate documents will delay			
the iss	uance of your license. I	U <mark>nless expunged, you are</mark> r	equired to disclose both adu		-			
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.	NO YES		ertified copy of the charging c nvolving theft, drugs, or a c		ry of conviction.			
D.	\square NO \square YES			locument and of the journal ent	ry of conviction			
c.				secution diverted after being				
	any crime involving th	eft, drugs, or a child?	_	_				
	NO YES		certified copy of the charging	document, the diversion agreer	ment, and the journal entry			
	Ana animinal abanana	closing that case.			James en e skild?			
d.				or any crime involving theft, o	arugs, or a child?			
e.	NO YES If yes, please attach a certified copy of the charging document. Have you had a teacher's or school administrator's certificate or license denied, suspended, revoked or been the subject of other				een the subiect of other			
	disciplinary action in any state?							
	NO YES		ne action taken: 🗌 denied, 🗌] suspended or 🗌 revoked.				
		Which state(s)?						
f.	Is dissiplinany action		the documents regarding the or	official action taken. or administrator's certificate	or liconso?			
1.	NO YES			regarding the action pending as				
		<u>11 305, prouse attach a c</u>		requiring the detroit pending d	<u></u>			

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.							
	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?						
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 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.							
I here	eby give my verifying licensing institution permission to release any and all information needed in Section C or D.						
	Signature of Applicant Date						
	Signature of Applicant Date						
	SECTION B: VERIFICATION OF EMPLOYMENT						
I ver	ify that this individual has been assigned to teach						
1 /01							
in gr	ades for the school year						
	Signature of Principal or Superintendent USD #						
	Include a <u>\$60.00 Application Fee</u> 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://appspublic.ksde.org/TLL/SearchLicense.aspx.							

You can view, save or print a copy of your license online at License Look-up at <u>https://appspublic.ksde.org/TLL/SearchLicense.aspx</u>. 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.

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Form 4A – Provisional Out of State Institution License

VERIFICATION BY INSTITUTION OF ENROLLMENT IN APPROVED PROGRAM

Name of Applicant:

anom commisting

_____ 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	List all institutions where coursework related
		Attendance	to the new endorsement field was completed
			AND
			 Attach official transcripts from all institutions
			listed
			-
3. A signed copy of the deficience	<u>cy plan is attache</u>	ed. The plan should	include an indication of coursework already
completed.		-	
			AFFIX OFFICIAL STAMP

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 Subject Grade Level

Grade Level

- 2. <u>A signed copy of the deficiency plan is attached</u>. The plan should include an indication of coursework already completed.
- 3. Attach official transcripts showing coursework completed.

Signature of Licensure Officer

AFFIX OFFICIAL STAMP OR SEAL

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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 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 - <u>Only a qualified law enforcement officer or properly trained school personnel can take</u> 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, see, disability or age in its programs and activities and provides equal access to the Boy Souts and other designated youth groups. The following person has been designated to thandle inquirier regarding the non-discrimination policies: KSDE General Coursel, Office of General Coursel, KSDE, Landon State Office Building. 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201 Dec 2015



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