If you are applying for an initial Substitute License, have completed a KANSAS teacher preparation program, and have never held a standard teaching license in Kansas, submit FORM 1.

To apply for an INITIAL KANSAS SUBSTITUTE LICENSE

1. Complete the application form 5 through section IV.

2. Include a $70.00 fee made payable to the Kansas State Department of Education. Money orders and cashier’s checks are preferred. Personal checks are accepted. DO NOT SEND CASH.

3. Determine if you need to submit fingerprints by reviewing the Kansas Fingerprint Information on the next page. If fingerprints are needed, follow the instructions for submitting a fingerprint card.

4. If you have held a Kansas standard certificate or license (current or expired): No additional documentation is needed.

5. If this is your initial Kansas Substitute license and you completed an out-of-state approved teacher education program:
   * Attach a complete set of official transcripts; AND
   * Form 5A must be completed and mailed to the licensure officer at the institution where you completed your teacher education program.

6. Mail the application, fee and all applicable supporting documents 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.

To apply for RENEWAL of a KANSAS SUBSTITUTE CERTIFICATE

1. Complete the application form 5 through section IV.

2. Include a $70.00 fee made payable to the Kansas State Department of Education. Money orders and cashier’s checks are preferred. Personal checks are accepted. DO NOT SEND CASH. Do not combine this fee with the background fee if you are submitting fingerprints.

3. Determine if you need to submit fingerprints by reviewing the Kansas Fingerprint Information on the back of this page. If fingerprints are needed, follow the instructions for submitting fingerprint cards.

4. A substitute license renewal requires 50 professional development points awarded by a Kansas district. Attach an official PDC transcript and an official college/university transcript if applicable.

5. Mail the application, fee and all applicable supporting documents 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.
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 not 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 pocket arrived in.

   - 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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The Kansas State Department of Education does not discriminate on the basis of race, sex, national origin, disability, age, or any other basis prohibited by law.

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

(855) 296-2288
(855) 296-2791 - fax

www.usd.org

Form 5 – Substitute License

Revised 8-18
### I. VITAL INFORMATION

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
   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.)

### II. PROFESSIONAL CONDUCT (All questions must be answered)

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 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?
III. VERIFICATION STATEMENT

13. 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.

__________________________________ _____________________
Applicant Signature  Date

Include a $70.00 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://appspublic.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 “Printed” 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.
IV. LICENSE INFORMATION (check the appropriate box and complete the necessary section)

14. I have held a standard Kansas teaching license and am applying for my first substitute license:

- Verify all degree information below. (Examples: BA, MS, EDS, etc)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree</th>
<th>Year Earned</th>
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<tbody>
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</table>

I have completed an out-of-state teacher education program and am applying for my first substitute license: Complete degree information below.

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>State</th>
<th>Type of Degree</th>
<th>MM/DD/YY Conferred</th>
<th>Major for Degree Earned</th>
<th>Last Term of Attendance</th>
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</tbody>
</table>

Submit form 5A completed by the licensure officer at the college/university where your teacher education program was completed AND official college transcripts verifying degrees earned.

List the state approved education program that you completed:

_________________________________________________________________________________

I am renewing a substitute license: List only institutions where renewal coursework was completed and/or indicate which USD you have earned professional development points through.

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>State</th>
<th>Type of Degree</th>
<th>MM/DD/YY Conferred</th>
<th>No Degree Earned (check box)</th>
<th>Last Term of Attendance</th>
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</tbody>
</table>

Attach official college transcripts.

I have earned PDC points from the following district(s):

USD name and #

Attach official PDC transcript.

USD name and #
Institutional Verification of Approved Preparation Program(s)  
Form 5a

TO BE COMPLETED BY APPLICANT

Last 4 digits of SSN: ______________________

Legal Name:  
First ____________________________________  Middle ____________________________________  Last ______________________

List all prior names (maiden, alias, previous married, etc.): __________________________________________________________

Mailing Address:  ____________________________________________________________

City __________________________________________  State ______________________  Zip Code ______________________

I hereby give my verifying institution permission to release any and all information needed.

______________________________________________________________________________  
Signature of the Applicant  Date

TO BE COMPLETED BY DESIGNATED LICENSURE OFFICER

1. Complete requested information.

2. Affix your institution’s official stamp or seal to the bottom right side of the page.

3. Mail in a sealed envelope to the address listed at the top of the page or send electronically directly to form2a@ksde.org

The applicant completed requirements for a degree from this institution: YES  NO

The applicant completed an approved preparation program in the licensure area(s) of:

<table>
<thead>
<tr>
<th>Preparation Program Completed - Indicate each Subject or Endorsement area (Elementary education, mathematics, school counselor, building leadership, etc.)</th>
<th>Grade Levels covered by the program (K-6, 7-12, etc.)</th>
<th>Date Program Completed</th>
<th>Program was delivered: (check appropriate column)</th>
</tr>
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<tr>
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<td></td>
<td>Online  Campus based  Combo online/ campus based</td>
</tr>
</tbody>
</table>

☐ I verify the applicant completed preparation program(s) approved by the state of in the area(s) and at the level(s) verified. The approved program was in effect during the applicant’s period of program completion.

Authorized Signature  

Address:  ____________________________________________  

Print Name:  ____________________________________________  City ____________________________________________  State ______________________  Zip Code ______________________

Title:  ____________________________________________  Phone Number:  ______________________

Name of Institution:  

Affix Official Stamp or Seal

Form 5 – Substitute License  
Revised 8-18