

Application for Kansas
Upgrade to
PROFESSIONAL LICENSE

SECTION A – TO BE COMPLETED BY APPLICANT

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
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5. Birthdate (MM/DD/YYYY)	6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ Alternate Phone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___
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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 brand of the US Armed Forces, including the National Guard and Reserves? No Yes
If Yes, please enter total years below in a and b.
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.) _____

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 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 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? _____

13. List <u>all</u> degrees earned: (example: BA, MS, EDS, etc.) If you earned a new degree since your initial license, attach official transcripts.					
Institution: _____	Degree: _____	Year Earned: _____	Institution: _____	Degree: _____	Year Earned: _____
Institution: _____	Degree: _____	Year Earned: _____	Institution: _____	Degree: _____	Year Earned: _____
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 license.					
_____ Signature of Applicant			_____ Date		

Include a **\$45.00 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://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 "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.

VERIFICATION OF AN INDUCTION AND MENTORING PROGRAM

Each conditionally or initially licensed teacher, school specialist or school leader must complete a year-long, district-administered induction and mentoring program to pass the performance assessment as a prerequisite to receiving a professional license.

Mentored Teacher/School Specialist/School Leader information

This form should be completed by the district or building administrator where the mentoring program occurred.

Name (First) _____ (Middle) _____ (Last) _____

Social Security Number ____ - ____ - _____

OR

Teacher identification number from license _____

If the current school year is the mentor year, do not complete and submit until after May 15th

I verify:

- The above named applicant successfully completed a year-long induction and mentoring program provided by the district. (By verifying this information, a professional license will be issued upon fulfillment of all other regulatory requirements.)

District Name and Number where mentoring occurred

Accreditation Information

State Accredited School? NO YES

If not state accredited, attach verification of accreditation status.

Building Name

Beginning Date of mentored experience (MM/DD/YYYY)

Ending date of mentored experience (MM/DD/YYYY)

Assignment of teacher/school specialist/leader during mentored experience

Grade level

Administrator's Name (Please Print or Type)

Administrator's Position (May be district or building)

School Phone Number

Administrator's Signature

Date

Who was the mentor?

Mentor's Name:

Mentor's SS# or teacher ID#



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.

A background clearance is valid for six months. Applications for licensure submitted six months after the background clearance report is received will require a new fingerprint card submission.

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: - A qualified law enforcement officer must take your fingerprints:

- Take the filled out card to your local police station or sheriff's office.
- 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:

- Place adequate postage on an envelope addressed to:
Teacher Licensure and Accreditation
KSDE
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, 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 non-discrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201

Nov. 2013



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

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