

A five year professional license may be renewed by completing one of the following during the term of the professional license:

Applicants Living in State:

1. If the applicant holds a graduate degree: Earn 120 professional development points awarded by a Kansas local professional development council under an approved individual development plan. If retired and participating in an educational retirement system, earn 60 professional development points.

OR

2. If the applicant does not hold a graduate degree: Earn 160 professional development points awarded by a Kansas local professional development council under an approved individual development plan, including at least 80 points for college credit. If retired and participating in an educational retirement system, earn 80 professional development points, including at least 40 points for college credit.

OR

3. If completing a program to add a new teaching, school specialist or school leadership endorsement, apply eight semester credit hours of the approved program towards renewal.

OR

4. Verify three years of accredited experience during the current professional license IF the applicant holds a graduate degree. This type of experience renewal may be used only twice in the applicant's career. Choose "License Lookup" at www.ksde.org (Educator Licensure) to check how many times this option has been accessed if eligible.

OR

5. Complete all components of the National Board for Professional Teaching Standards assessment for National Board Certification.

OR

6. To move to an accomplished teaching license, achieve National Board Certification.

Applicants Living Out of State:

Kansas License is Currently Valid

1. Refer to options 3, 4, 5, or 6 on the left.

OR

2. If you want to maintain your Kansas license while living out-of-state, you may work through the Licensure Review Committee as your professional development council. As a first step, you will need to complete a form to file an individual development plan with the Licensure Review Committee.

Contact Diana Stephan at 785-296-2280 for more information.

Kansas License is Expired

1. You may work through the Licensure Review Committee as your professional development council to earn points as described in 1 and 2 on the left. As a first step, you will need to complete a form to file an individual development plan with the Licensure Review Committee.

Contact Diana Stephan at 785-296-2280 for more information.

OR

2. You may be eligible to reinstate your Kansas license as a professional license if you have been employed out-of-state in a state-accredited school system under a valid license or certificate for at least three of the last six years AND you have achieved a professional level license in that state. The reinstated license will be valid only through the validity date of the out-of-state license (or not to exceed five years).

OR

3. Wait until you move back to Kansas and then work with a local professional development council to earn professional development points for renewal.

PLEASE NOTE:

- Renewal options are always printed on a license.
- A license may be renewed not more than six months prior to the expiration date.
- Contact the local professional development council in the district in which you are employed.

If not currently employed, you may contact the district in which you live or work for approval of an individual development plan.

1. Section A:

- I. Vital Information—filled out completely and signed
- II. Basis for Issue—appropriate option is checked

2. Section B:

- a – d Appropriate section completed as directed in Section A II verification documents attached. One or more of the following:
 - a. Official transcript from college/university
 - b. Official professional development transcript
 - c. Experience verification form
 - c. National Board score report
 - d. Participation in retirement system documented

3. Application Fee:

- Check or money order for \$54.00 attached

4. Fingerprint Card:

- Fingerprint card and fee submitted if license is expired.

- Refer to the renewal requirements printed on your license or to the renewal options page to verify our renewal options.
- Whenever a new degree has been earned, an official degree transcript must be submitted, regardless of the basis for renewal.
- Any out-of-state accredited experience must be accompanied by a copy of the out-of-state certificate/license valid during verified experience.

KANSAS TEACHER LICENSURE FINGERPRINT MEMO

Fingerprint Information

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.

If you determine you need a fingerprint background check:

To order a fingerprint card go to www.ksde.org. From the **Teaching & Learning** tab, choose **Fingerprint Cards**. For more information contact Teacher Licensure and Accreditation at (785) 296-2288.





Renewal of a Professional License

FORM 3a

Teacher Licensure & Accreditation • KSDE | Landon State Office Building | 900 SW Jackson Street, Suite 106 | Topeka, KS 66612-1212 • Phone: 785-296-2288 • www.ksde.org

SECTION A - TO BE FILLED OUT BY APPLICANT

I. VITAL INFORMATION

1. Social Security Number: - -

2. Legal Name: First Middle Last

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

3. Mailing Address:

City State Zip Code

4. Birthdate (MM/DD/YYYY) / / 5. Gender Male Female

6. Phone - Alt Phone -

7. Ethnicity (mark only if applicable):

Hispanic/Latino

8. 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

9. Have you honorably served in any branch 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"): _____

10. E-mail Address (Please provide an e-mail address that will be active throughout the application process):

11. a. Effective and expiration dates of last certificate: to

b. Verify all degrees earned (example: BA, MS, EDS, etc.):

Institution Degree Year Earned Institution Degree Year Earned

Institution Degree Year Earned Institution Degree Year Earned



Professional License Renewal Options

FORM 3a

Teacher Licensure & Accreditation • KSDE | Landon State Office Building | 900 SW Jackson Street, Suite 106 | Topeka, KS 66612-1212 • Phone: 785-296-2288 • www.ksde.org

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 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, which state(s)? _____
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, which state(s)? _____ When? _____

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/license.

Signature of Applicant _____ Date

Include a \$54.00 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 & Accreditation, KSDE, Landon State Office Building, 900 SW Jackson Str., 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 "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.



Application for Kansas License

FORM 3a

Teacher Licensure & Accreditation • KSDE | Landon State Office Building | 900 SW Jackson Street, Suite 106 | Topeka, KS 66612-1212 • Phone: 785-296-2288 • www.ksde.org

II. BASIS FOR RENEWAL (Please note renewal options printed on your license or refer to the renewal options page.)

Please mark one renewal option and then complete the appropriate Section as directed and attach the documents specified:

- Professional Development Points, including college coursework - **complete Section III and IV; You must submit both a college transcript AND a professional development transcript**
- I am retired and participating in an educational retirement system (Also check mark the appropriate box above for points/credit).
- Professional Development Points only - **complete Section IV**
 - I am retired and participating in an educational retirement system (Also check mark the appropriate box above for points only).
- College credit from an approved program in a new endorsement area - **complete Section III**
- Completion of the National Board Assessment process - **complete Section VI**
- Master's Degree and Experience - (Requires graduate degree and 3 years of experience during current license being renewed) - complete Section V and the Verification of Accredited Experience form
- Reinstating on out-of-state experience and licensure - **complete Section V and the Verification of Accredited Experience form. Attach copy of license.**

SECTION B - SUPPORTING DOCUMENTATION

Complete all sections that pertain to your basis for renewal and attach documentation requested.

III. EDUCATION INFORMATION

A. List all regionally accredited colleges and universities in order of attendance where credit for renewal was earned.

Name of College/University	State	List your degree (if earned)	Year earned	Last term of attendance	Semester hours earned for this renewal

B. Attach official transcripts of all college coursework completed for renewal. If credit is part of an approved program in a new endorsement area, include a copy of your plan of study.

IV. PROFESSIONAL DEVELOPMENT POINTS INFORMATION

A. List all local education agencies who awarded you Kansas professional development points.

LEA Name/USD #	Total Points Earned

B. Attach the official professional development transcript. If retired, attach retirement system verification.

V. TEACHING EXPERIENCE INFORMATION

A. List all accredited school experience completed during the term of your current license.

School	City	State	Dates of Employment

B. Attach the completed experience verification form.

VI. NATIONAL BOARD ASSESSMENT PROCESS

A. I completed the National Board assessment process during the assessment year.

B. Attach a copy of your score report which indicates that all entries, including the assessment center exercises, were completed and scored.

PLEASE NOTE: If you achieved National Board Certification, obtain **Form 11** to apply for a ten year accomplished teaching license.



Verification of Accredited Experience Master's Plus Experience Option

FORM 3a

Teacher Licensure & Accreditation • KSDE | Landon State Office Building | 900 SW Jackson Street, Suite 106 | Topeka, KS 66612-1212 • Phone: 785-296-2288 • www.ksde.org

SECTION A - TO BE COMPLETED BY APPLICANT

Social Security Number: - -

Legal Name: First Middle Last

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

Mailing Address

City State Zip Code

Birthdate (MM/DD/YYYY) / / Gender Male Female

Phone - Alt Phone -

I have no accredited experience in the most recent six (6) year period.

I hereby give my former and/or current employer permission to release any and all information required in Section B.

Signature of the Applicant
Date

SECTION B - TO BE COMPLETED BY EMPLOYING SYSTEM

The above named individual was employed in our school system as verified below.

Accreditation Information: State Accredited School? NO YES (If not state accredited, attach verification of accreditation status.)

Name of the School System

School Street Address

City State Zip Code

Beginning Date of Employment (MM/DD/YYYY)	Ending Date of Employment (MM/DD/YYYY)	Assignment: Include the specific teaching, administrative and school specialist assignments. For teaching, please list the specific subjects taught (biology, English, math, etc.)	Grade Level

Experience was full-time under contract

Experience was at least half-time (.5 FTE) but less than full-time

Experience was less than half-time under contract

Number of years employed in the district

Administrator's Name (Please Print or Type) Administrator's Position School Phone Number -

Administrator's Signature
Date

PLEASE RETURN TO APPLICANT IN SEALED OFFICIAL SCHOOL ENVELOPE

This form may be duplicated for additional employers