

D. Kent King
Commissioner of Education



P.O. Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>

Missouri Department of Elementary and Secondary Education

— Making a positive difference through education and service —

We are unable to evaluate foreign credentials in this office. Before we can process your application for a Missouri teaching certificate, you must send all transcripts and other certification information to a United States credentialing agency that provides transcript analysis service. The analysis must be translated into English and include the following: specific course titles, credit hours earned, letter grades received, the cumulative grade point average, and a statement verifying the completed program's equivalency to a United States degree.

After you receive the official analysis from the credentialing agency, you may apply for a Missouri teaching certificate. The official analysis from the credentialing agency will be accepted in lieu of the institutional recommendation. Upon receipt of the completed application packet, our office will complete a course by course evaluation to determine your eligibility for Missouri certification.

You will need to complete a Missouri Teacher Certification Application and submit fingerprints for a Background Check. The certification requirements are available on the DESE website; <http://www.dese.mo.gov/divteachqual/teachcert/certrequirements.html> .

Although we do not endorse any of the agencies listed on the attached page, we have contacted each of them and verified that they provide all the information we require. This information was current as of April, 2005.

If you have any further questions, please contact our office at 573-751-0051.

Rusty Rosenkoetter, Coordinator
Educator Certification

Missouri Department of Elementary & Secondary Education
Accepted Credentialing Agencies
(October 21, 2008)

Academic & Professional International Evaluations, Inc.
Post Office Box 5787
Los Alamitos, California 90721-5787
Phone: (562) 594-6498
Fax: (562) 594-8498
Web site: www.apie.org
Fee: \$160.00 (course by course evaluation and grade point average)
Contact the agency for instructions before sending documents.

American Association of Collegiate Registrars and Admissions Officers
International Education Services
One Dupont Circle NW
Suite 520
Washington, DC 20036-1135
Phone: (202) 293-9161
Fax: (202) 872-8857
Web site: www.aacrao.org
Fee: \$190.00 (course by course evaluation and grade point average)
Contact the agency for instructions before sending documents.

Foreign Consultants, Inc.
Credential Evaluation Services
3000 Dundee Road
Suite 209
Northbrook, IL 60062
Phone: (773) 761-0000 or (847) 498-4499
Fax: (847) 412-9570
Web site: www.foreignconsultants.com
Fee: \$330.00 (course by course evaluation and grade point average)
Contact the agency for instructions before sending documents.

International Education Research Foundation, Inc.
Credentials Evaluation Service
Post Office Box 3665
Culver City, CA 90231-3665
Phone: (310) 258-9451
Fax: (310) 342-7086
Web site: www.ierf.org
Fee: \$150.00 (course by course evaluation and grade point average)
Contact the agency for instructions before sending documents.

World Education Services, Inc.
Bowling Green Station
Post Office Box 5087
New York, New York 10274-5087
Phone: (212) 966-6311
Fax: (212) 739-6100
Web site: www.wes.org
Fee: \$150.00 (course by course evaluation and grade point average)
Contact the agency for instructions before sending documents.

**APPLICATION CHECKLIST FOR MISSOURI TEACHER'S LICENSE
FOR NON-MISSOURI GRADUATES**

Your completed application packet must include each of the following items:

APPLICATION FORM

Complete Section I, parts A-E. Processing time varies from 2-6 weeks depending on application activity!

EVALUATION FROM CREDENTIALING AGENCY

Submit the office report from the credentialing agency in lieu of your foreign transcripts.

U.S. TRANSCRIPTS

Original transcripts (no photocopies) from **ALL** institutions attended within the **United States** must be provided. Please be sure your complete social security number is listed. **NOTE:** An overall minimum grade point average of 2.5 on a 4.0 scale is required for initial certification and also in each additional area of certification.

\$50 APPLICATION FEE

You may pay by credit card or e-check at

https://secure.collectorsolutions.com/csi_ecollections_portal_ui/interchange.aspx?CIID=lk3zm2he&STE=2

(copy and paste the address into your browser if needed)

You may pay by check or money order made payable to "Treasurer, State of Missouri."

BACKGROUND CHECK

A criminal background check must be completed. Please contact L-1 Enrollment Services Division to schedule an appointment by calling 866-522-7067 or online at <http://www.iisfingerprint.com>. The current processing fee for this procedure is \$52.20. Please provide the following information when scheduling your appointment:

- County/District code number of the hiring school district; if not employed please use code number 999999;
- Your certification status, which will be a certified educator (E); and
- DESE's ORI number, which is MO920320Z.

Any questions regarding this portion of the application process should be directed to the Department of Elementary and Secondary Education, Conduct and Investigations Section at 573-522-8315.

Collect all required documentation and return it in a **SINGLE PACKET**. The items become the property of the Department of Elementary and Secondary Education and will not be returned or released to other agencies.

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE! Mail the complete application packet to:

**Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>**

You can check the status of your application on our website at
https://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
 EDUCATOR CERTIFICATION
 POST OFFICE BOX 480
 JEFFERSON CITY, MISSOURI 65102-0480
 (573) 751-0051

APPLICATION FOR INITIAL MISSOURI TEACHING CERTIFICATE FOR NON-MISSOURI GRADUATES

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

\$50 Processing Fee for Out-of-State

Credit Cards accepted at https://secure.collectorsolutions.com/csi_collections_portal/ui/interchange.aspx?CIID=lk3zm2he&STE=2
 (copy and paste the address into your browser if needed)

Check or money order payable to "Treasurer, State of Missouri"

*SOCIAL SECURITY NUMBER _____

CURRENT NAME (LAST, FIRST, MIDDLE) _____

ALL MAIDEN/FORMER NAMES _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ MALE FEMALE PHONE NUMBERS _____

H _____ W _____

B. LIST ALL STATES WHERE YOU HOLD OR HAVE HELD A TEACHING CERTIFICATE.

ENCLOSE A COPY OF EACH CERTIFICATE.

C. MISSOURI AREA(S) OF CERTIFICATION REQUESTED.

SUBJECT AREA	GRADE LEVELS
_____	_____
_____	_____
_____	_____

D. PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED).

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
A. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

E. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to continually access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

LEGAL SIGNATURE OF APPLICANT _____	DATE _____
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65101-0480; telephone number 573-751-4212.

PLEASE RETURN THIS FORM TO:
EDUCATOR CERTIFICATION, PO BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
ORIGINAL SIGNATURE REQUIRED NO FAXES OR PHOTOCOPIES!
<http://dese.mo.gov>

SECTION II: APPLICANT INFORMATION

*SOCIAL SECURITY NUMBER	DATE OF BIRTH
CURRENT NAME (LAST, FIRST, MIDDLE)	LIST ALL MAIDEN OR FORMER NAMES
STREET ADDRESS	CITY, STATE, ZIP CODE

**A. LIST ALL COLLEGES AND UNIVERSITIES WHERE THE APPLICANT COMPLETED COURSEWORK.
NOTE: SEE APPLICANT'S RELEASE STATEMENT IN SECTION I.**

NAME OF COLLEGE/UNIVERSITY	STATE	DEGREE	YEAR	DATES OF ATTENDANCE	TOTAL HOURS ATTEMPTED	TOTAL HOURS COMPLETED	TOTAL QUALITY POINTS
					TOTALS		
					OVERALL GPA		

B. LIST PRAXIS II TEST AREAS AND SCORES – IF REQUIRED BY STATE ISSUING ORIGINAL CERTIFICATE(S)

PRAXIS II Specialty Area Test(s)

_____	_____
SUBJECT	SCORE
_____	_____
SUBJECT	SCORE

PRAXIS II Principles of Learning and Teaching Test 5-9 7-12

SCORE

SECTION III: IF YOU DO NOT HOLD A VALID PROFESSIONAL TEACHING CERTIFICATE IN ANOTHER STATE THIS SECTION MUST BE COMPLETED BY THE CERTIFICATION OFFICER OF THE STATE-APPROVED TEACHER EDUCATION INSTITUTION WHERE THE INITIAL TEACHER EDUCATION PROGRAM WAS COMPLETED.

Please carefully complete the information in this section regarding this applicant. To be valid, this form must be signed by the Certification Officer, Dean of the College or School of Education, the Chairman of the Education Department, or the Dean's designee at the institution where the applicant completed his/her teacher preparation program and certification program. A stamped signature must be initialed by the person using the stamp. Please verify your information with your school seal.

A. MAKE THE FOLLOWING RECOMMENDATION(S) BASED UPON YOUR STATE-APPROVED TEACHER EDUCATION PROGRAM WHICH THE APPLICANT HAS COMPLETED AT YOUR INSTITUTION.

A. I verify that this applicant has completed our state-approved teacher education program(s) in the major area(s) of:

_____	_____	_____	_____
GRADE LEVEL	SUBJECT AREA	GRADE LEVEL	SUBJECT AREA

B. I verify that this applicant has completed our state-approved teacher education program(s) in the added endorsement area(s) of:

_____	_____	_____	_____
GRADE LEVEL	SUBJECT AREA	GRADE LEVEL	SUBJECT AREA

C. I verify that this applicant has a minimum overall GPA of 2.5 on a 4.0 scale YES NO

D. I verify that this applicant has been or can be recommended for a full teaching certificate in our state. YES NO

RECOMMENDING INSTITUTION	CERTIFICATION OFFICER'S SIGNATURE	DATE
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B. STATE-APPROVED TEACHER EDUCATION PROGRAM APPROVAL INFORMATION

FIRST YEAR STATE APPROVAL WAS GRANTED	DATE CURRENT STATE APPROVAL EXPIRES	
REGISTRAR'S SIGNATURE	NAME OF INSTITUTION	AFFIX OFFICIAL STAMP OR SEAL HERE
PRINT/TYPE REGISTRAR'S NAME	ADDRESS OF INSTITUTION	
DATE	PHONE NUMBER	

**PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED AND SIGNED ENVELOPE.
ORIGINAL SIGNATURES REQUIRED – NO FAXES OR PHOTOCOPIES**