

**APPLICATION CHECKLIST FOR MISSOURI STUDENT SERVICES LICENSE
PLEASE READ CAREFULLY BEFORE APPLYING FOR A MISSOURI STUDENT SERVICES CERTIFICATE**

- Application Form**
Complete Section I, parts A-E. Processing time varies from 2-6 weeks depending on application activity!
- Institutional Recommendation**
After completing Section I of the application form, you must forward it to the designated recommending official at the institution where you completed your program. The recommending official must complete Section II.
- If you are applying for a Speech Language Pathologist you can find the State Board of Registration Healing Arts application at:
<http://www.pr.mo.gov/boards/healingarts/slpathoudio.pdf>
- Application Fee (For applicants who are applying based on completing an approved program outside of Missouri only.)**
You may pay your **\$50** application fee 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."
Note: These fees are for processing your application and cannot be refunded.

If you have more than 4 years of verified student services experience, **an additional fee of \$35** is required to issue the Career level of certification.

**** If you are applying for Speech Language Pathologist through the professional license route, a processing fee is not required.**

- Praxis II Score Report**
If you have completed a Praxis II Specialty Area Test(s), please enclose a score report with your application packet.
- Verification of Approved Student Services Experience**
Student Service experience must be contracted and at least half time experience. **Teaching experience does not qualify as Student Service experience.** Student Service experience must be documented on the enclosed verification of Student Services Experience form. You may duplicate the form as needed. The form must be signed by an official of the school system. If you do not have approved Student Services experience, please write "none" across the form and return it.
- Verification of Certificate of License to Teach**
If you hold a valid teaching certificate(s) or license(s) in another state for School Counselor, School Psychological Examiner, School Psychologist or Speech Language Pathologist you must include a copy of the certificate(s) with your packet.
- Applicants for School Psychologist**
If you are applying based on certification by the National Board of School Psychologists, you must submit a copy of your valid Nationally Certified School Psychologist certificate.
- Official Transcripts**
Official transcripts from **ALL** colleges, universities, and/or professional schools where coursework was completed must be submitted. **NOTE:** An overall minimum grade point average of 2.5 on a 4.0 scale is required for initial certification. **All college-level coursework must be submitted** in order to verify the overall grade point average.
- 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.l1enrollment.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.

Mail the complete application packet to:

Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>
573/751-0051

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

INITIAL APPLICATION FOR STUDENT SERVICES CERTIFICATE OF LICENSE TO TEACH

SECTION I: TO BE COMPLETED BY APPLICANT

A. TYPE OF CERTIFICATION REQUESTED:

| | |
|----------------------------------------------------------------------|--------------------------------------------------------|
| COUNSELOR K-8 <input type="checkbox"/> 7-12 <input type="checkbox"/> | SCHOOL PSYCHOLOGICAL EXAMINER <input type="checkbox"/> |
| SPEECH-LANGUAGE PATHOLOGIST <input type="checkbox"/> | SCHOOL PSYCHOLOGIST <input type="checkbox"/> |
| CAREER EDUCATION COUNSELOR <input type="checkbox"/> | ADULT EDUCATION SUPERVISOR <input type="checkbox"/> |
| CAREER SERVICES COORDINATOR <input type="checkbox"/> | |

B. VITAL INFORMATION

\$50 Processing Fee for Out-of-State
\$35 Fee for Career level certification (4+ years of student services experience)

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 _____

IMPORTANT Original transcripts listed in Part C must be received from the institutions before the application is considered complete.

C. EDUCATION (If additional space is needed, please attach sheets as necessary.) List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees. If certified by a national board, please include a copy of certificate.

| COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL | CITY/STATE | DATES ATTENDED | | DEGREE OR CERTIFICATE AWARDED/ DATE | MAJOR COURSE OF STUDY |
|--------------------------------------------|------------|----------------|----------|-------------------------------------|-----------------------|
| | | FROM MO/YR | TO MO/YR | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. 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"/> |
| 2. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any pending complaints before any regulatory board or agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, 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 hereby attest that all information I am submitting is true and complete the best of my knowledge. I understand that any intentional misrepresentation of facts may result in denial or annulment of a license and that classification of statements on and with this attestation may be punishable by law. I authorize law enforcement agencies, courts, offices of prosecuting attorneys, and custodians of employment, school district, military, and licensure records to disclose to the Missouri Department of Education information from the records in their possession. I further authorize these agencies to permit the examination and to furnish copies of all records and other reports and the release of the records. I understand that the specific type of information to be disclosed includes reports of any kind of contained in my record file, regardless of their origin.

| | |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|

SECTION II: APPLICANT INFORMATION

| | |
|------------------------------------|---------------------------------|
| *SOCIAL SECURITY NUMBER | DATE OF BIRTH |
| CURRENT NAME (LAST, FIRST, MIDDLE) | LIST ALL MAIDEN OR FORMER NAMES |

SECTION III: Applicants who have completed a state approved program must have this section completed by the designed recommending official from the college or university.

The applicant has successfully completed our state-approved graduate program for the area(s) of _____ **Grade Level** _____

| | | | |
|----------------------------|------|--------------------|-------------------|
| AUTHORIZED SIGNATURE/TITLE | DATE | PRAXIS TEST NUMBER | PRAXIS TEST SCORE |
|----------------------------|------|--------------------|-------------------|

STATE-APPROVED GRADUATE PROGRAM APPROVAL INFORMATION

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

SECTION IV: RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT FOR ADULT EDUCATION SUPERVISOR, CAREER EDUCATION COUNSELOR & CAREER SERVICES COORDINATOR.

| | | |
|------------------------------|------------------|-----------------|
| SIGNATURE OF SCHOOL OFFICIAL | DATE | SCHOOL DISTRICT |
| NAME OF SCHOOL OFFICIAL | SCHOOL ADDRESS | |
| TITLE OF SCHOOL OFFICIAL | SCHOOL TELEPHONE | |

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY _____

SECTION V: Applicants for Speech-Language Pathologist applying through the Missouri Professional License route must submit the following:

- I am currently applying for licensure from the State Board of Registration for the Healing Arts.
- A copy of a valid **Missouri** Speech Pathologist License from the State Board of Registration for the Healing Arts (may be obtained by calling 573/751-0098).
- Praxis II Score Report – Enclose a copy of the score report for the Praxis II or NTE specialty area test entitled Speech Language Pathology. A score equal to or exceeding the Missouri qualifying score of 600 is required.

SECTION VI: Applicants for School Psychologist applying through the National Board of School Psychologists, must submit the following;

- A copy of a valid **Missouri** School Psychologist License from the National Board of School Psychologists.
- Praxis II Score Report – Enclose a copy of the score report for the Praxis II test entitled School Psychologist. A score equal to or exceeding the Missouri qualifying score of 157 is required.

Section VII: Applicant is a new hire to this district and has applied for or received a new background/fingerprint clearance. His/her beginning contract date is/was _____.

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 and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.

**PLEASE RETURN THIS FORM TO EDUCATOR CERTIFICATION,
POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES!**

<http://www.dese.mo.gov>



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

VERIFICATION OF STUDENT SERVICES EXPERIENCE

SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED STUDENT SERVICES EXPERIENCE.

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------|
| *SOCIAL SECURITY NUMBER | | |
| CURRENT NAME (LAST, FIRST, MIDDLE) | | |
| ALL MAIDEN/FORMER NAMES | | |
| STREET ADDRESS | | |
| CITY, STATE, ZIP CODE | | EMAIL ADDRESS |
| DATE OF BIRTH | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | PHONE NUMBERS H _____ W _____ |
| *View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf | | |
| I hereby give my former and/or current employer permission to release any and all information required in Section II. | | |
| LEGAL SIGNATURE OF APPLICANT | | DATE |

SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

| | | |
|----------------------------------------------------------------------------------------------|---------------------------|---------------------|
| The above named individual provided student services in our school system as verified below. | | |
| BEGINNING DATE OF EMPLOYMENT | ENDING DATE OF EMPLOYMENT | TOTAL YEARS |
| NAME OF SCHOOL SYSTEM | | |
| SCHOOL ADDRESS | | |
| CITY, STATE, ZIP | | |
| ADMINISTRATOR'S NAME (PRINT OR TYPE) | ADMINISTRATOR'S POSITION | SCHOOL PHONE NUMBER |
| ADMINISTRATOR'S SIGNATURE | | DATE |
| PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY | | |

NOTE: Experience must be contracted and at least half-time.
PLEASE RETURN THIS FORM TO THE TO THE APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE.
THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS.
PHOTOCOPIES OR FACSIMILES OF THIS COMPLETED APPLICATION CANNOT BE ACCEPTED.
 www.dese.mo.gov