

## CERTIFICATION REQUIREMENTS FOR DOCTORAL ROUTE TO CERTIFICATION

An individual who has earned a doctoral degree (Ph.D., M.D., etc.) from an institution of higher education accredited by a regional accreditation agency may apply for Missouri certification based on the major area of post-graduate study.

A certificate issued by the doctoral route to certification will be limited to the major area of post-graduate study and must be in a subject area for which there is a Missouri teaching certificate. This certificate is limited to middle school and secondary subject areas only. Elementary, special education, counselor, and administrative certificates are excluded.

The applicant can only be granted an initial professional classification certificate of license to teach. (There is no provision to receive a Career classification.) Applicants must submit the following:

**Application Form**

Completed Application for Missouri Teacher's Certificate for Holder's of Doctorate Degree.

**Transcripts**

Official transcript showing a doctoral degree conferred in the major area of post-graduate study and official transcripts from **ALL** other institutions attended must be provided. Please be sure your complete social security number is listed. A GPA of 2.5 on a scale for 4.0 is required in the major area and overall.

**Praxis II Assessment**

Score report showing successful completion of the appropriate exit exam (Praxis II: The Principles of Learning and Teaching) as required by law. The test code for the PLT is 0524 and you must achieve an overall score of 160 or better. You may register for the test at [www.ets.org](http://www.ets.org) or by calling the Educational Testing Service (ETS) at: 800-772-9476.

**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.

Please contact L-1 Enrollment Services Division to schedule an appointment for a background check by calling 866-522-7067.

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.

**\$50 Processing Fee for Non-Missouri graduates only**

Credit Cards and e-checks accepted at

[https://secure.collectorsolutions.com/csi\\_collections\\_portal\\_ui/interchange.aspx?CIID=lk3zm2he&STE=2](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"

**Note:** These fees are for processing your application and cannot be refunded.

**PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE!** An incomplete packet will not be processed. 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](https://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp)



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

**APPLICATION FOR TEACHER'S CERTIFICATE FOR HOLDERS OF DOCTORATE DEGREE**

**A. VITAL INFORMATION**

**FOR NON MISSOURI GRADUATES ONLY**

**\$50 Processing fee**  
 Credit cards accepted at [https://secure.collectorsolutions.com/csi\\_ollections\\_portal\\_ui/interchange.aspx?CIID=lk3zm2he&STE=2](https://secure.collectorsolutions.com/csi_ollections_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. AREA OF EARNED DOCTORATE DEGREE**

Please list the area of study for earned Doctorate (i.e., biology, history, etc.):

**IMPORTANT:** Official transcripts listed in Part C must be received from schools before 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.**

| COLLEGE/UNIVERSITY | STATE | DATES ATTENDED |          | DEGREE OR CERTIFICATE AWARD DATE | MAJOR |
|--------------------|-------|----------------|----------|----------------------------------|-------|
|                    |       | 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 denied a professional license, certificate, permit, credential, endorsement, or registration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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"/> |
| 4. 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](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

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), 5<sup>th</sup> 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, MO 65102-0480  
 ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!  
<http://dese.mo.gov>