

APPLICATION CHECKLIST TO UPGRADE STUDENT SERVICES CERTIFICATE

1. **If you are requesting your certificate be upgraded to a Career Student Services, the following must be submitted:**
 - Application Form**
Section I is completed by the applicant. Section III is completed by the employing school district.
 - Processing Fee of \$35** (for the Career Student Services Certificate)
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".
2. **If you have not completed the requirements to upgrade, you and your employing school district need to submit the Application for Reactivation.**

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE!

An incomplete packet can not be processed. 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 TO UPGRADE INITIAL STUDENT SERVICES CERTIFICATE

(Application for upgrade should be submitted within 30 days prior to the expiration date of current classification.)

SECTION I: VITAL INFORMATION

A. VITAL INFORMATION

\$35 Processing fee for Upgrade
 Credit cards accepted at https://secure.collectorsolutions.com/csi_ecollections_portal_ui/managementConsole.aspx
 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 <input type="checkbox"/> | FEMALE <input type="checkbox"/> | PHONE NUMBERS | H | W |
|---------------|-------------------------------|---------------------------------|---------------|---|---|

B. PURPOSE OF APPLICATON: Check appropriate box

I am requesting to upgrade my:

| | |
|--|--|
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> School Psychological Examiner |
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Career Education Counselor | <input type="checkbox"/> Adult Education Supervisor |
| <input type="checkbox"/> Career Services Coordinator | |

C. 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 Social Security number disclosure notice at <http://dese.mo.gov/schoollaw/freqaskques/SSNUUsage.htm>

D. 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 renewal of 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 for renewal 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.

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

SECTION II: APPLICANT INFORMATION

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

SECTION III: PROFESSIONAL DEVELOPMENT DOCUMENTATION

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|--------------|---|
| NOTE: | Applicants must meet requirements under Section A. Districts must complete all sections. All requirements must be met during the valid dates of the certificate. |
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A. To be completed by school official if applicant is upgrading the initial student service classification.

- Applicant has completed four years of Department of Elementary and Secondary Education (DESE) approved student service experience.
- Applicant has participated in and successfully completed a two-year mentor assistance program. Name of Mentor _____.
- Applicant has successfully participated in the yearly performance based Student Service evaluation program of this district.
- Applicant has developed and implemented a professional development plan that is on file with our district.
- Applicant has completed forty (40) hours of appropriate professional development and documented such hours with our district.

B. To be completed by school official.

Experience must be contracted and should be at least half-time employment. Substitute teaching and serving as a teacher's aide or assistant does not qualify as experience. Document here total years of experience, which includes those years completed at previous district(s) as well as those years completed at this district.

NOTE: If you are not currently employed with an accredited Missouri school district, experience **MUST** be documented on the Verification of Experience form. The form must be signed by an official of the school system. You may download the form from the following web address: <http://dese.mo.gov/divteachqual/teachcert/forms.html>.

Total teaching experience at previous district(s) _____ years _____ months

Total teaching experience at this district _____ years _____ months

Total approved teaching experience _____ years _____ months

Total student services experience at previous district(s) _____ years _____ months

Total student services experience at this district _____ years _____ months

Total approved student services experience _____ years _____ months

I verify that _____ has provided documentation for all of the above information and that the information is true and complete to the best of my knowledge.

| | | |
|------------------------------|------------------|-----------------|
| 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:

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 65102-0480; telephone number 573-751-4212.

PLEASE RETURN THIS FORM TO:

EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.

ORIGINAL SIGNATURES REQUIRED – NO FAXES OR PHOTOCOPIES

<http://dese.mo.gov>