

**APPLICATION CHECKLIST FOR
PROVISIONAL LICENSE**

1. If you are requesting a provisional certificate and currently hold a valid professional teaching certificate from the state of Missouri; the following must be submitted:

Application Form

Application for Provisional Certificate (Joint Application); signed by the employing school district;

Note: If the certification requested is for Early Childhood, Early Childhood Special Education, or Student Services you will also need to submit an Academic Contract completed by the certification officer at an accredited college or university in Missouri with an approved program for the designated area.

Transcripts

Original transcripts from **ALL** institutions attended must be provided. Please be sure your complete social security number is listed. **Note:** a minimum grade point average of 2.5 on a 4.0 scale in the major field and overall is required; and

Background Check (see below)

2. If you are requesting a provisional certificate and do not hold a valid teaching license but are 1.) within twelve hours of completing a teacher preparation program from an accredited college or university in Missouri; or 2.) enrolled in an alternative/innovative college program in Missouri the following must be submitted;

Academic Contract

Academic Contract signed by the certification officer at an accredited college or university in Missouri with an approved program.

Transcripts

Official transcripts from **ALL** institutions attended must be provided. Please be sure your complete social security number is listed. **Note:** a minimum grade point average of 2.5 on a 4.0 scale is required.

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 an 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.

PLEASE BE SURE THAT THE 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



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 PROVISIONAL CERTIFICATE (JOINT APPLICATION)

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*	
CURRENT NAME (LAST, FIRST, MIDDLE)	
ALL MAIDEN/FORMER NAMES	
STREET ADDRESS	
CITY, STATE, ZIP CODE	EMAIL ADDRESS
DATE OF BIRTH	PHONE NUMBERS H _____ W _____
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	

I hereby request that I be issued the provisional certificate in: _____ Subject Area _____ Grade Level _____
 I understand that all deficiencies identified in the official evaluation attached must be completed and submitted to the Office of Educator Certification **within the two year period of the certificate** in order to upgrade the provisional certificate under the requirements in effect at this time.

B. 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

C. 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
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SECTION II: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL

List subject and grade level of certificate requested.

I hereby affirm that _____ will be employed by this school district and used in the teaching position requiring the certificate listed above for the _____ - _____ school year.

His/her beginning contracted date is/was _____. The officials of this school understand that the applicant has previously applied for an additional certificate of license to teach and has been informed by the Office of Educator Certification that he/she is in fact eligible for the above requested certificate. I jointly request with the above applicant that this provisional certificate be issued.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL	NAME OF SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL
NAME OF DESIGNATED SCHOOL OFFICIAL	ADDRESS
POSITION HELD	CITY, STATE, ZIP CODE
PHONE NUMBER	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

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

<http://dese.mo.gov>

Educator Certification

(Certificates Authorized by State Board of Education)

Effective April 30, 2005

ELEMENTARY EDUCATION

B-3 Early Childhood
1-6 Elementary Education
K-9 Physical Education

MIDDLE SCHOOL EDUCATION

5-9 Agriculture Education
5-9 Business Education
5-9 Family and Consumer Sciences
5-9 Industrial Technology
5-9 Language Arts
5-9 Mathematics
5-9 Science
5-9 Social Science
5-9 Speech/Theatre

SPECIAL EDUCATION

B-3 Early Childhood Special Education
K-12 Mild/Moderate: Cross Categorical
K-12 Severely Developmentally Disordered
K-12 Blind/Partially Sighted
K-12 Deaf/Hearing Impaired

STUDENT SERVICES CERTIFICATES

K-8 School Counselor
7-12 School Counselor
K-12 School Counselor
K-12 Advanced School Counselor
K-12 School Psychological Examiner
K-12 School Psychologist
B-12 Speech/Language Pathologist
S-P Career Ed Adult Supervisor
P Postsecondary Career Ed Counselor
S-P Career Ed Placement Coordinator
S-P Career Ed Evaluator

SECONDARY EDUCATION

K-12 Art
K-12 French
K-12 German
K-12 Health
K-12 Hebrew
K-12 Italian
K-12 Latin
K-12 Dance
K-12 Library Media Specialist
K-12 Music – Instrumental
K-12 Music – Vocal
K-12 Physical Education
K-12 Russian
K-12 Spanish
9-12 Agriculture Education
9-12 Art
9-12 Business Education
9-12 Business Ed Coop
9-12 English
B-12 Family and Consumer Sciences
9-12 Health
9-12 Industrial Technology
9-12 Journalism
9-12 Marketing
9-12 Mathematics
9-12 Physical Education
9-12 ROTC
9-12 Social Science
9-12 Speech/Theatre
9-12 U S Biology
9-12 U S Chemistry
9-12 U S Earth Science
9-12 U S Physics
9-12 Science – Biology
9-12 Science – Chemistry
9-12 Science – Earth Science
9-12 Science – General Science
9-12 Science – Physics
9-12 Cooperative Education

NON-STAND-ALONE CERTIFICATES:

require the issuance of basic certificates before the supplemental endorsement can be added.

K-9 Art
K-9 French
K-9 German
K-9 Health
K-9 Hebrew
K-9 Italian
K-9 Latin
K-9 Russian
K-9 Spanish
9-12 Driver Education
K-12 English for Speakers of Other Languages
K-12 Gifted
K-12 Special Reading
B-3 Family Resource Specialist

ADMINISTRATIVE CERTIFICATES

K-8 Principal
5-9 Principal (cannot stand alone)
7-12 Principal
K-12 Superintendent
K-12 Special Education Administrator
S-P Career Education Director