

**Please note the following change to the directions for the Background Check process on the enclosed application procedure checklist:**

□ Background Check

A criminal background check must be completed if you are requesting a substitute certificate and are a new employee with the school district.

Please contact Integrated Biometric Technology (IBT) to schedule an appointment by calling 866-522-7067 or online at <http://www.L1id.com>.

The current processing fee for this procedure is \$52.20. Please provide the following information when contacting IBT:

- County/District code number of the hiring school district; if not employed please use code 999999;
- Your certification status; which will be a substitute teacher (S) or 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.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
 EDUCATOR CERTIFICATION/CONDUCT AND INVESTIGATIONS  
 POST OFFICE BOX 480 JEFFERSON CITY, MISSOURI 65102-0480  
 (573) 522-8315

**S**

**APPLICATION FOR SUBSTITUTE CERTIFICATE OF LICENSE TO TEACH  
 OPEN RECORDS CHECK**

**SECTION I: TO BE COMPLETED BY APPLICANT.**

**A. VITAL INFORMATION**

SOCIAL SECURITY NUMBER*		FINGERPRINTS ARE AVAILABLE FROM IBT—866/522-7067	
CURRENT NAME (LAST, FIRST, MIDDLE)			
ALL MAIDEN/FORMER NAMES			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	PHONE NUMBERS H ( ) W ( )	

**B. LIST ALL COLLEGES/UNIVERSITIES YOU HAVE ATTENDED. SUBMIT TRANSCRIPTS FOR PROOF OF 60 CREDIT HOURS.**

DATE	COLLEGE/UNIVERSITY	CREDIT HOURS EARNED OR ANY DEGREE(S) RECEIVED
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. PROFESSIONAL LICENSE, CERTIFICATE, PERMIT, CREDENTIAL, REGISTRATION, OR ENDORSEMENT IN MISSOURI OR OTHER STATE.**

STATE	DATES HELD	TYPE OF PROFESSIONAL LICENSE, CERTIFICATE, PERMIT, CREDENTIAL, REGISTRATION OR ENDORSEMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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 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 Social Security Number Disclosure Notice at <http://dese.mo.gov/schoollaw/freqaskques/SSNUUsage.htm>

**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 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
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**THIS FORM SHOULD BE RETAINED BY THE DISTRICT FOR AUDITING PURPOSES  
 ORIGINAL SIGNATURE REQUIRED—NO FAXES OR PHOTOCOPIES.**