

## HELP FOR SCHOOL DISTRICTS APPLYING FOR A TEMPORARY AUTHORIZATION CERTIFICATION

*The Temporary Authorization Certificate (TAC) **does not** include the areas of **elementary education (1-6); early childhood (B-3); or early childhood special education (B-3); blind and partially sighted (K-12); and/or deaf and hearing impaired (K-12)**. Applicants for the areas of driver's education, English for speakers of other languages, gifted and special reading must hold a certificate of license to teach or must seek a certificate of license to teach in a stand-alone area.*

**Before applying for a TAC for an individual, the school district should ensure that the applicant:**

1. has a bachelor's degree in the subject area to be taught or a closely related field or has a bachelor's degree and exceptional experience; and
2. has a grade point average of 2.5 or higher on a 4.0 scale in the major field and overall.

**When applying for a TAC for an individual who does not hold a valid professional Missouri teaching certificate, the Missouri public school district or accredited non-public school and the applicant should:**

1. submit a Temporary Authorization Certificate joint application;
2. submit original transcripts of all coursework (undergraduate and graduate);
3. submit a list/plan of courses that will be taken to meet the required competencies; and
4. obtain a background clearance.

**When applying for a TAC for an individual who holds a valid professional Missouri teaching certificate, the Missouri public school district or accredited non-public school and the applicant should:**

1. submit a Temporary Authorization Certificate joint application;
2. submit original transcripts of all coursework (undergraduate and graduate)
3. Educator Certification will complete an evaluation of the applicant's transcripts. For full certification the applicant will be required to complete the deficiencies outlined by Educator Certification, or pass the appropriate Praxis II test, if applicable.

**The Temporary Authorization Certificate is valid for one (1) year and may be renewed by:**

1. submitting a TAC joint application completed by the certificate holder and the employing school district. On the application, the school district will verify that the certificate holder has:
  - A. successfully completed a yearly Performance Based Teacher Evaluation, and
  - B. participated in a yearly mentoring program; and

2. submitting with the first renewal, copies of the Praxis II assessments scores:
  - A. [content knowledge or specialty area assessment](#); and
  - B. principles of learning and teaching, 7-12.

Failure to achieve the Missouri qualifying score on either of these assessments should be used by the certificate holder as a means to identify priority classes for further study.

An individual who currently possesses a professional certificate of license to teach will be exempted from taking the Praxis II Principles of Learning and Teaching.

3. submitting an original transcript(s) that shows completion of at least nine semester hours of coursework toward professional certificate of license to teach in the area of assignment based upon the following requirements:

**NOTE:** All Missouri public school districts are required to disclose the certification status of teachers holding a temporary authorization certificate by public notice in a form established by the local school board and consistent with applicable state laws and regulations.

**A. Course work in education, not to exceed 24 credit hours, for any temporary authorization certificate (excluding administration, career education, counselor and/or special education) is to include competencies in:**

1. psychology of the exceptional child;
2. behavioral management techniques;
3. measurement and evaluation;
4. teaching methods/instructional strategies;
5. methods of teaching reading at the appropriate level;
6. developmental psychology at the appropriate level; and
7. beginning teacher assistance—(may be taken without credit at local RPDC, MSTA or college).

**B. Course work in education, not to exceed 29 credit hours, for a special education temporary authorization certificate is to include competencies in:**

1. psychology of the exceptional child;
2. behavioral management techniques or supporting challenging behavior;
3. evaluation of abilities and achievement (to include intelligence testing);
4. introduction to teaching students in one of the following areas;
  - a. cross-categorical disabilities; or
  - b. severely developmentally disabled;
5. methods of teaching students in one of the following areas;
  - a. cross-categorical disabilities; or
  - b. severely developmentally disabled;
6. methods of teaching reading:
  - a. reading methods; and
  - b. analysis and correction of reading disabilities;

7. methods of teaching mathematics:
  - a. mathematics methods; and
  - b. methods of teaching remedial mathematics; and
8. counseling techniques or collaboration with family, school and community;
9. selection and use of assistive technology such as augmentative communication systems (only for the severely developmentally disabled certificate of license to teach);
10. alternative formats for communication including: nonverbal communication systems (only for the severely developmentally disabled certificate of license to teach); and
11. speech and language development of the exceptional child (only for the severely developmentally disabled certificate of license to teach).

**C. An individual may qualify for a professional classification certificate of license to teach upon documentation of the following:**

1. The certificate holder has been teaching under a temporary authorization certificate of license to teach for a minimum of three (3) years;
2. Achievement of the Missouri qualifying score on both the Praxis II assessments, one (1) content knowledge or specialty area assessment and two (2) principles of learning and teaching for the specific grade levels as promulgated by the rules adopted by the board;
3. Documentation of successful Performance Based Teacher Evaluation by the sponsoring Missouri public school district or accredited nonpublic school; for each year on the TAC;
4. Documentation of participation in a mentoring program by the sponsoring Missouri public school district or accredited nonpublic school; for each year on the TAC; and
5. Documentation of completion of the required coursework.

## APPLICATION CHECKLIST FOR A MISSOURI TEMPORARY AUTHORIZATION CERTIFICATE

### INITIAL APPLICATION:

**Application Form**

Temporary Authorization application; signed by employing Missouri school district or accredited non-public school and the applicant;

**Plan of Study**

A list/plan of courses that will be taken during the first and second year must be provided. This will indicate your knowledge of possible college courses and the time frame in which you anticipate completion.

**Transcripts**

Original transcripts (no photocopies) 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**

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.iisfingerprint.com/>. The current processing fee for this procedure is \$52.20. Please provide the following information when contacting L-1 Enrollment Services Division:

- County/District code number of the hiring school district;
- 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.

### RENEWAL APPLICATION:

**Application Form**

A new Temporary Authorization Certificate application requesting renewal and verifying the following:

- Participation in a annual mentoring program during the entire temporary certification period;
- Successful completion of a yearly performance based teacher evaluation;
- Proof of having taken the Praxis tests during the first year of employment (both tests must be passed prior to full certification); and
- Continued employment with the school district.

**Transcripts**

Original transcripts documenting the yearly completion of nine (9) semester hours of coursework toward the professional teaching certificate; see previous sheet for specific course requirements.

**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>

You can check the status of your application on our website at  
[http://k12apps.dese.mo.gov/webapps/tcertsearch/tc\\_search1.asp](http://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 TEMPORARY AUTHORIZATION CERTIFICATE**

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

**A. VITAL INFORMATION**

|                                    |   |  |  |
|------------------------------------|---|--|--|
| SOCIAL SECURITY NUMBER*            |   | BACKGROUND / FINGERPRINT CLEARANCE IS REQUIRED   |  |
| CURRENT NAME (LAST, FIRST, MIDDLE) |   | <input type="checkbox"/> INITIAL APPLICATION<br><input type="checkbox"/> RENEWAL APPLICATION |  |
| 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<br>H _____ W _____   |  |

**IMPORTANT:** Original transcripts **MUST** be received from institutions listed in Part II before application is complete.

**B. 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 | CITY/STATE | DATES ATTENDED |          | DEGREE AWARDED/DATE | MAJOR COURSE OF STUDY |
|--------------------|------------|----------------|----------|---------------------|-----------------------|
|                    |            | FROM MO/YR     | TO MO/YR |                     |                       |
|                    |            |                |          |                     |                       |
|                    |            |                |          |                     |                       |
|                    |            |                |          |                     |                       |

EXCEPTIONAL EXPERIENCE – ATTACH A ONE-PAGE EXPLANATION INCLUDING DATES OR LOCATIONS – IF APPLICABLE

**SECTION II: MUST BE COMPLETED FOR INITIAL APPLICATION AND RENEWAL**

**A. 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](#)

**B. SWORN AFFADAVIT**

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<br>⇒ | DATE |
|----------------------------|------|

**SECTION III: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL****A. LEVEL OF CERTIFICATION REQUESTED**

List subject and grade level of certificate requested

SUBJECT AREA

GRADE LEVEL

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 \_\_\_\_\_. I confirm that he/she will be mentored annually.

Applicant is a new hire to this district and has applied for or received a new background/fingerprint clearance.

I jointly request with the above applicant that his/her certificate be issued.

Signature of Designated School Official

Name of Designated School Official

Name of School District or Accredited Non-Public School

Position Held

Address

Phone Number

County/District Code:

City, State, Zip Code

**B: TO BE COMPLETED IF APPLICANT IS RENEWING THE TEMPORARY AUTHORIZATION CERTIFICATE. REQUIREMENTS LISTED MUST BE COMPLETED DURING VALID DATES OF THE CERTIFICATE.**

Applicant has taken both Praxis test(s) during their first year of employment. Applicant took the \_\_\_\_\_ (name of test) on \_\_\_\_\_ (date) and the \_\_\_\_\_ (name of other test) on \_\_\_\_\_ (date).

Applicant has completed a minimum of nine (9) semester hours toward his/her professional certification. An original transcript is attached. (A total of 9 hours each year is required.)

Applicant has developed a plan of study for courses to meet the competencies required.

Applicant has participated in a mentoring program in the prior year. Name of Mentor: \_\_\_\_\_

Applicant has received successful performance based teacher evaluations. (Evaluations must be done yearly.)

**The applicant for a temporary authorization certificate must comply with the following criteria:**

- ✓ Possession of a baccalaureate or higher degree from an accredited college or university;
- ✓ Possession of an grade point average of 2.5 or higher in major field and overall on a 4.0 scale;
- ✓ Submission of a joint application verifying contracted employment with a Missouri public school district or accredited non-public school;
- ✓ Submission of a list/plan of courses to meet the required competencies;
- ✓ If the applicant holds a Missouri professional or life certificate of license to teach and is seeking an additional certificate of license to teach, he/she is not required to take the Praxis Principals of Learning and Teaching test; and
- ✓ The temporary authorization certificate will not include elementary (1-6); early childhood; early childhood special education (B-3); blind and partially sighted (K-12); and/or deaf and hearing impaired (K-12) areas. Applicants for the areas of driver's education, English for speakers of other languages, gifted, and special reading must already hold a certificate of license to teach or must seek a certificate of license to teach in a stand-alone area.

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 65101-0480; telephone number 573-751-4581.

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>

**Plan of Courses to Meet Competencies for  
Middle School (5-9) & Secondary (9-12) Content Areas  
Temporary Authorization Certificate**

**Instructions:** Complete all requested information. List the course(s) you have taken (be sure to include the transcript showing completion) or will take to meet each competency. When submitting your Plan of Courses, send the completed form, the TAC application, official transcripts and background check forms to:

Missouri Department of Elementary and Secondary Education  
Attn: Educator Certification  
P.O. Box 480  
Jefferson City, MO 65102-0480

If you have completed some courses that you want considered in the Plan of Courses, contact a DESE Certification Supervisor, in writing, for determination of competencies met and those still needed.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Seeking Certification in: \_\_\_\_\_

School District Where Employed \_\_\_\_\_

**TAC Competencies**

In the spaces below, list the course(s) you have taken or will take to complete each competency. Include the name of the college, course number and course title.

***A. Psychology of the Exceptional Child***

\_\_\_\_\_

***B. Behavioral Management Techniques***

\_\_\_\_\_

***C. Measurement and Evaluation***

\_\_\_\_\_

***D. Teaching Methods/Instructional Strategies in the subject area***

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***E. Methods of Teaching Reading at the Secondary Level***

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***F. Adolescent Psychology***

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***G. Beginning Teacher Assistance Program (may be taken at local RPDC, MSTTA or college)***

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***I will take the following Praxis II examinations (provided by Educational Testing Service [www.ets.org](http://www.ets.org)):***

1. \_\_\_\_\_
2. \_\_\_\_\_

**Plan of Courses to Meet Competencies for  
Special Education—Cross Categorical  
Temporary Authorization Certificate**

**Instructions:** Complete all requested information. List the course(s) you have taken (be sure to include the transcript showing completion) or will take to meet each competency. When submitting your Plan of Courses, send the completed form, the TAC application, official transcripts and background check forms to:

Missouri Department of Elementary and Secondary Education  
Attn: Educator Certification  
P.O. Box 480  
Jefferson City, MO 65102-0480

If you have completed some courses that you want considered in the Plan of Courses, contact a DESE Certification Supervisor, in writing, for determination of competencies met and those still needed.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

School District Where Employed \_\_\_\_\_

**Special Education Competencies for TAC**

List the appropriate course number/name and college where you have taken or will take to meet each competency listed below.

***A. Psychology of the Exceptional Child***

\_\_\_\_\_

***B. Behavioral Management Techniques***

\_\_\_\_\_

***C. Evaluation of Abilities and Achievement (to include Intelligence Testing)***

\_\_\_\_\_

***D. Introduction to Cross Categorical Disabilities***

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***E. Methods of Teaching Students with Cross Categorical Disabilities***

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***F. Methods of Teaching Reading***

- 1.) Reading Methods            2.) Analysis and Correction of Reading Disabilities***
- 
- 

***G. Methods of Teaching Mathematics***

- 1.) Mathematics Methods    2.) Methods of Teaching Remedial Mathematics***
- 
- 

***H. Counseling Techniques***

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***I will take the following Praxis II examinations (provided by Educational Testing Service [www.ets.org](http://www.ets.org)):***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Plan of Courses to Meet Competencies for  
Special Education—Severely Developmentally Disabled  
Temporary Authorization Certificate**

**Instructions:** Complete all requested information. List the course(s) you have taken (be sure to include the transcript showing completion) or will take to meet each competency. When submitting your Plan of Courses, send the completed form, the TAC application, official transcripts and background check forms to:

Missouri Department of Elementary and Secondary Education  
Attn: Educator Certification  
P.O. Box 480  
Jefferson City, MO 65102-0480

If you have completed some courses that you want considered in the Plan of Courses, contact a DESE Certification Supervisor, in writing, for determination of competencies met and those still needed.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

School District Where Employed \_\_\_\_\_

**Special Education TAC Competencies**

List the appropriate course number/name and college where you have taken or will take to meet each competency listed below.

***A. Psychology of the Exceptional Child***

\_\_\_\_\_

***B. Behavioral Management Techniques***

\_\_\_\_\_

***C. Evaluation of Abilities and Achievement (to include Intelligence Testing)***

\_\_\_\_\_

***D. Introduction to Teaching Students—Severely Developmentally Disabled***

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***E. Methods of Teaching Students Severely—Developmentally Disabled***

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***F. Methods of Teaching Reading***

- 1.) Reading Methods            2.) Analysis and Correction of Reading Disabilities***
- 
- 

***G. Methods of Teaching Mathematics***

- 1.) Mathematics Methods    2.) Methods of Teaching Remedial Mathematics***
- 
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***H. Counseling Techniques or Collaboration with Family, School and Community***

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***I. Selection and Use of Assistive Technology***

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***J. Alternative Communication Formats including Non-verbal Systems***

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***K. Speech and Language Development of the Exceptional Child***

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***I will take the following Praxis II examinations (provided by Educational Testing Service [www.ets.org](http://www.ets.org)):***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_