

APPLICATION CHECKLIST TO REACTIVATE YOUR MISSOURI CERTIFICATE OF LICENSE TO TEACH

1. If you are requesting a reactivation of your Initial or Career Continuous certificate the following must be submitted:

Application Form

Completed Application for Missouri Certificate of License to Teach Reactivation. Section II, A, B, and C **must** be completed by the employing Missouri school district. **There is no fee required for this type of request.**

Reactivation of an inactive certificate may require an up-to-date background/fingerprint check. Please discuss this with your employer.

Required Professional Development Hours

1 college credit = 15 PD contact hours

Classification	Initial Certification Years 1-4	Reactivation	Career Certification Years 5-99	PD Exempt Status
Adult Education & Literacy (AEL)	60 total	24 hours plus annual	20 annually until exempt	Two of three: - 10 years, - next higher degree, or - national certification
Professional Cert - most core areas & librarians	30 total	24 hours plus annual	15 annually until exempt	“
Career Education – (formerly vocational)	90 total	24 hours plus annual	30 annually until exempt	“
Student Services	40 total	24 hours plus annual	20 annually until exempt	“
Administration – superintendent	120 total	24 hours plus annual	30 annually until exempt	“
Administration – principals, special ed. directors and career ed. directors	120 total	24 hours plus annual	Years 5-10 <u>must</u> complete EdS degree in ed adm, C&I, or reading/literacy or 30 hours annually	Years 11-99 exempt with EdS degree or national certification

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:
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 REACTIVATION of MISSOURI CERTIFICATE of LICENSE TO TEACH – all areas
 (Application MUST be signed by both applicant and hiring district.)

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*		THERE IS NO FEE FOR REACTIVATING YOUR MISSOURI CERTIFICATE OF LICENSE TO TEACH	
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 APPLICATION:

My Missouri Certificate of License to Teach is inactive. By reactivating the license, all classifications that I hold will become active. In the current school term, I will complete the requirements listed in Section II, A. To the best of my knowledge, I have a certificate of license to teach in the following area(s):

(Please list all certificates that you believe are valid.)

Note: An up-to-date background/fingerprint check may be required if you are a new hire or if you do not have a recent fingerprint clearance.

IMPORTANT: ORIGINAL TRANSCRIPTS VERIFYING SATISFACTORY COMPLETION OF REQUIRED COURSEWORK MUST BE INCLUDED WITH THIS APPLICATION IF REQUIRED.

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 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 at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

D. 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. RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT: (A, B & C to be completed by school official)

A. To be completed if applicant is reactivating a professional Missouri Certificate of License to Teach. No fee is required for this type of request. An up-to-date background/fingerprint check may be required.

- 1. Applicant will complete 24 contact hours of professional development within six months prior to or after renewal or reactivation of this certificate. Applicant understands that any other professional development hours required during the coming year must be completed for the classification area.
- 2. Attached is verification of professional development hours and/or college credits that I have completed six (6) months prior to making this request. If applicant has not completed the entire 24 contact hours, he/she agrees to do so in the next six months. Applicant understands that any other professional development hours required during the coming year must be completed for the classification area.
- 3. Applicant has/will develop a professional development plan that is on file with this district.
- 4. Applicant will participate in the performance based evaluation program of this district.
- 5. Applicant has/has not completed a ____-year mentor assistance program at _____ district. Name of Mentor _____.

IMPORTANT: Official transcripts and/or copies of professional development completion must be attached to verify A, 2.

B. Verification of approved teaching experience – To be completed by school official for all upgrading applicants.

Teaching 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 teaching experience. Document here total years of teaching experience, which includes those years completed at previous district(s) as well as those years completed at this district.

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

Total teaching experience at this district _____ years _____ months

Total approved teaching experience _____ years _____ months

C. To be completed by school official for all upgrading/renewing applicants.

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

SIGNATURE OF SCHOOL OFFICIAL		DATE	NAME OF SCHOOL OFFICIAL
TITLE OF SCHOOL OFFICIAL		SCHOOL TELEPHONE	
SCHOOL DISTRICT		SCHOOL ADDRESS	
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 65101-0480; telephone number 573-751-4212.

**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>