

Application for Kansas Upgrade to

PROFESSIONAL LICENSE

SECTION A – TO BE COMPLETED BY APPLICANT													
1. Social Security Number													
2. Leg	gal Name		(First)	(Middle)		(Last)							
3. List all prior names (maiden, alias, previous married, etc.)													
4. Mailing Address			City			State	Zip Code						
5. Birthdate (MM/DD/YYYY)		I/DD/YYYY)	6. Gender	7. Phone:			_						
			☐ Male		te Phone:								
			☐ Female	Aiterna	te Phone:								
8. a.	_ ' _												
	NO YES If yes, please attach a copy of the court documents regarding conviction.												
b.	b. Have you ever been convicted of ANY crime involving theft, drugs, or a child? NO YES If yes, please attach a copy of the court documents regarding conviction.												
c.	_		a criminal diversion agree				ibed in and	estion 8a or 8b?					
	□ NO	YES	If yes, please attach a co			offense deser	nocu iii que	de di					
d.	Are crimi	na <mark>l c</mark> harges p	ending against you in any			described in o	question 8a	or 8b?					
	☐ NO	YES			urt documents regarding								
e.			r's or school administrato	r's certifica	te or license denied, susp	pended, revo	ked or beer	the subject of other					
	NO NO	ry action in a		a action take	n: denied, suspend	dad or 🗆 ray	okad						
		1E3	Which state(s)?	e action take	ii: deffied, suspend	ded of \square fevo	oked.						
				he documen	ts regarding the official a	ction taken.							
f.								r license?					
	NO YES If yes, please attach a copy of the official documents regarding the action pending against you.												
g.			barred or had a professio			e denied, susp	pended, rev	oked or been the subject					
	of other disciplinary action regarding any profession in Kansas or any other state? ☐ NO ☐ YES If yes, please indicate the action taken: ☐ denied, ☐ suspended or ☐ revoked.												
			Which state(s)?	c action take	<u>II.</u> ☐ defiled, ☐ suspend	aca of fevo	okeu.						
			Please attach a copy of t	he documen	ts regarding the official a	ction taken.							
h.	-		minated, suspended, or ot	therwise dis	ciplined by a local Boar	d of Education	on for falsif	ying or altering student					
	_	tudent test sco			W/I 9								
i.	∐ NO Have you	_	If yes, which district(s)? or altered assessment dat		When?	required for	licensure?						
•	∏ NO	_	yes, what state(s)?	When?	is, or test score reports	required for	neensure.						
			\(\)										
9. Lis	t <u>all</u> degree	es earned: (ex	cample: BA, MS, EDS, etc	c.) If you ear	rned a new degree since	your initial	license, atta	nch official transcripts.					
Institution:		Γ	Degree: Year Ear	ned:	Institution:	De	gree:	Year Earned:					
Institution:		Γ	Degree: Year Ear	ned:	Institution:	De	gree:	Year Earned:					
10. I certify that I am of good moral character and that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in the denial or revocation of my license.													
knowledge. I diderstand that any inistriction of facts may result in the demai of revocation of my needse.													
Signature of Applicant]	Date					

 $Include \ a \ \underline{\$54.00 \ Application \ Fee} \ made \ payable \ to \ the \ Kansas \ State \ Department \ of \ Education.$

Money order or cashier's check preferred. Personal checks accepted.

DO NOT SEND CASH.

 ${\it Mail\ to:}\ \ {\bf Teacher\ Education\ and\ Licensure,\ KSDE,\ 120\ SE\ 10^{th}\ Avenue,\ Topeka,\ KS\ \ 66612-1182.$

Processing fee **CANNOT** be refunded and does not guarantee a license will be issued.

VERIFICATION OF AN INDUCTION AND MENTORING PROGRAM

Each conditionally or initially licensed teacher, school specialist or school leader must complete a year-long, district-administered induction and mentoring program to pass the performance assessment as a prerequisite to receiving a professional license.

Mentored Teacher/School Specialist/School Leader information													
This form should be completed by the district or building administrator where the mentoring program occurred.													
Name (First)	Iiddle)	(Last)											
Social Security Number													
OR													
Teacher identification number from license													
If the current school year is the mentor year, do not complete and submit until after May 15 th													
I verify: ☐ The above named applicant successfully completed a year-long induction and mentoring program provided by the district. (By verifying this information, a professional license will be issued upon fulfillment of all other regulatory requirements.)													
District Name and Number wh	ere mentoring	occurred	Accreditation Information State Accredited School? If not state accredited, attach verification of accreditation status.										
Building Name				,									
Beginning Date of mentored experience (MM/DD/YYYY)				Assignment of teacher/school specialist/leader during mentored experience									
					_								
Administrator's Name (Please Type)	Print or		strator's Position School Phone Number listrict or building)			ber							
Admin	istrator's Sign	aturo			Date								
Aulilli	istrator s Sign	ature			Date								
Who was the mentor?													
Mentor's	Name:	_	Mentor's SS# or teacher ID#										



| Kansas State Department of Education | Teacher Education and Licensure

Fingerprint Memo

Kansas Fingerprint Information and Instructions

120 SE 10th Avenue, Topeka, KS 66612-1182 • Phone: 785-296-2288 • http://www.ksde.org

WHO NEEDS A BACKGROUND CHECK?

- Any applicant applying for their first Kansas license.
- Any applicant whose Kansas certificate/license has expired.

A background clearance is valid for six months. Applications for licensure submitted six months after the background clearance report is received will require a new fingerprint card submission.

You must use the Kansas preformatted card (FBI, FD258). Only one card is required.

1. Fill out the card:

- Complete name (including aliases, maiden, previous married), mailing address, social security
 number, citizenship, and personal information (sex, race, height, weight, eyes, hair, place of birth,
 date of birth.)
- · DO NOT SIGNTHE CARD YET this will be done in front of the law enforcement officer.
- The spaces for OCA, FBI, and MNU numbers may be left blank if you do not have one of those numbers.
- · Cards with missing or incomplete information will be rejected.

2. Have your prints taken: - A qualified law enforcement officer must take your fingerprints:

- · Take the filled out card to your local police station or sheriff's office.
- · Take at least one form of picture identification with you.
- Some law enforcement agencies may charge a fee to take your prints.
- Sign the card in front of the officer taking your prints.
- Digital prints are accepted as long as they are in the FD258 format.

3. Background check fee:

- Prepare check or money order for \$50.00 made payable to KSDE.
- DO NOT SEND CASH.
- The \$50.00 for the background check must be submitted as a separate payment from the
 application fee that is submitted with the license application. <u>Do not combine the
 background fee and the application fee.</u>
- A card submitted without the background check fee of \$50.00 will not be processed.

4. Mail the card and the fee:

- Place adequate postage on an envelope addressed to Teacher Education and Licensure, KSDE, 120 SE 10th Ave, Topeka, KS 66612-1182.
- Request the law enforcement agency performing the fingerprinting process to place the card along with your \$50.00 background check fee in the envelope, seal it and mail it.
- Bent or folded cards will not be accepted and a new fingerprint card will be mailed to you for prints to be taken again.