



Teacher Standards and Practices Commission

250 Division St NE
Salem, OR 97301
Phone (503) 378-3586;
Fax (503) 378-4448

Email: contact.tspc@oregon.gov

Web Site: www.oregon.gov/tspc

Application for Educator License or Registration – Form C-1

Before completing this form please read the instructions carefully. Once complete, sign the application, attesting to the accuracy of information provided. **Providing false information on your application is grounds for the Commission to deny your application or revoke your license or registration.**

Please write legibly and use **black or blue ink**. Please be sure to **provide your full legal name**.

LAST NAME	FIRST NAME	MIDDLE NAME	PREVIOUS

Current Mailing Address <input type="checkbox"/> <i>Check this box if new address</i>	City, State and Postal Code

			Male <input type="checkbox"/> Female <input type="checkbox"/>
Home/Cell phone number	Work phone number	Date of Birth	Gender

Social Security Number	E-mail Address

As part of your application for an initial or renewed license or registration, you are required to provide your Social Security Number (SSN) for purposes of child support enforcement (ORS 25.785 and 42 USC § 666(a)(13)) and state income tax collection (ORS 305.385 and 42 USC § 405(c)(2)(C)(i)).

The Commission may also disclose your SSN to the interstate clearinghouse for educators if your Oregon license or registration is subject to discipline for unprofessional conduct (ORS 342.143 and 342.175 to 190).

Ethnic and Race Status: *(Optional - for statistical purposes only)*

- Which race or ethnicity best describes you? (You may check more than one)
 - American Indian or Alaska Native Asian Black or African American
 - Hispanic or Latino or other Spanish Origin Native Hawaiian or Other Pacific Islander
 - Multi-ethnic White Other
- If you checked above that you are an American Indian, please check here if you are a member of one of the nine recognized tribes in Oregon.
- Is English your first language? Yes No

Previous Educational Licenses, Registrations, and Certifications: *(Required information)*

- Have you held any type of **Oregon** educational license previously? Yes No
- Have you held any license valid for full-time educational work (to include substitute teaching) in **another state**? Yes No
- If yes to #2, in which other state or states are/were you licensed? _____
- When did you receive your first unrestricted license in another state? _____
- Under what name(s) (in Oregon or another state) were you previously licensed? _____

PURPOSE FOR FILLING OUT THIS APPLICATION

- Apply for new type of license (administrator, counselor, etc.): _____
- Add endorsement(s): _____
- Reinstate an expired license: _____
- Renew an existing license: _____
- Charter School Registration: First time application or Renewal
 Teacher or Administrator
- Other: _____

ACADEMIC DEGREES & EDUCATOR PROGRAMS COMPLETED

List all institutions from which you have earned a degree, **unless** already on file with TSPC. Also list all teacher, counselor, psychologist, or administrator programs you have completed, regardless of any connection to a degree. If you have not yet completed a degree or educator licensure program, please state "NONE."

1. _____
College or University City & State Major/Program Degree earned (BS, MAT, etc.)
2. _____
College or University City & State Major/Program Degree earned (BS, MAT, etc.)
3. _____
College or University City & State Major/Program Degree earned (BS, MAT, etc.)
4. _____
College or University City & State Major/Program Degree earned (BS, MAT, etc.)
5. _____
College or University City & State Major/Program Degree earned (BS, MAT, etc.)

Please Note: For some license applications, you will be required to submit official transcripts to verify coursework. Please see renewal and application instructions for individual licenses to determine what you need to submit.

EXPERIENCE AS PROFESSIONAL EDUCATOR

List all of your employment experience in the last five years as a teacher, school counselor, psychologist, social worker or administrator to TSPC. If none, state "NONE". If you worked as a substitute (full or restricted), please indicate.

Dates		Name of School	City & State	Grade Level(s)	Contracted ½ time or more?	Substitute experience?	
From:	To:					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Statement of Professionalism

*Adopted by the Oregon Teacher Standards and Practices Commission on
April 25, 2013*

As educators, we belong to a profession that serves Oregon K-12 students, schools, our communities and the public good. We aspire to a professional standard of conduct that goes beyond merely complying with ethical rules. Professionalism is the courage to care about and act for the benefit of our children, our students, our peers, our careers and the public good.

Because we are committed to professionalism, we will conduct ourselves in a way consistent with the following principles in dealing with our students, our peers, our supervisors, and the public.

Specifically, I will:

- Attest to all that I have good moral character.
- Put the welfare of children first and will do no physical or emotional harm to a child.
- Conduct myself with integrity.
- Avoid *all* forms of discrimination against my students and all others.
- Commit to academic equity in learning for all of my students.
- Commit to educational excellence in all I do.
- Respect my colleagues.
- Commit to lifelong professional development to improve my skills and the opportunities for my students and the profession.
- Resolve disputes with students with compassion, empathy and patience.
- Be a role model for my students.
- Never violate the student-educator boundaries critical for student achievement and success.

I hereby certify that the information submitted on or relating to this form is true and correct and grant the Commission permission to check civil or criminal records to verify any statement made on this application.

Signature of Applicant/Educator

Date

Printed Signature

CHARACTER QUESTIONS

Please carefully read the “Instructions for Answering Character Questions” before answering. You must answer either “yes” or “no” to each of the following questions; any other response will result in your application being considered incomplete. All "yes" answers must be fully explained in writing on a separate piece of paper and the explanations must be signed and dated by you. You must also include certified true copies of all legal documents, including court records.

1. Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct? Have you ever left educational or school-related employment when you had reason to believe an investigation for misconduct was underway or imminent?	1.
2. Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standards of conduct by either an employer or a licensure agency?	2.
3. Have you ever been placed on leave by your employer for any alleged misconduct?	3.
4. Have you ever had any adverse action taken on a professional certificate, license or charter school registration? Have you ever been placed on probationary status for alleged misconduct while holding a professional license, certificate, registration, or credential?	4.
5. Have you ever been denied any professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct?	5.
6. Have you ever surrendered a professional license of any kind before its expiration?	6.
7. Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?	7.
8. Have you ever been convicted or been granted a diversion or conditional discharge by any court for any: (a) Felony; or (b) Misdemeanor; or (c) Major traffic violation including but not limited to: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?	8.
9. Have you ever been arrested or cited for any offense listed in section (8) above which is still pending in the courts? This includes any diversion, conditional discharge or postponed adjudication that has not been dismissed by the courts at the time this application is signed.	9.
10. Have you ever had any civil judgment or other court order, including but not limited to a restraining order, entered against you resulting from allegations of abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons?	10.

Check here if you provided an explanation for any “yes” answer with a prior application. Please know that any new incident that occurred since your last application requires that you answer “yes” and include a full written explanation, along with applicable court documents.

Your Signature and the Date: Under penalty of false swearing, I declare that the information in this application is true, correct, and complete. Providing false information is grounds for the Commission to deny my application or revoke my license or registration. I also grant the Commission permission to check civil or criminal records to verify any statement made on this application.

Signature of the Applicant

Date*

***This application must be signed and dated within 60 days prior to the date the application is received by TSPC.**

YOU MUST PRINT AND MAIL THIS FORM DIRECTLY TO:

**TSPC
250 Division St. NE
Salem, Oregon 97301**