Application for a Montana Class 7
Native American Language and Culture Educator License

Denise Juneau, Superintendent **Montana Office of Public Instruction**	Montana Office of Public Instruction Attn: Educator Licensure P.O. Box 202501 Helena, MT 59620-2501	**To contact Educator Licensure** **406-444-3150 or cert@mt.gov** **www.opi.mt.gov/cert**

Instructions: Complete all sections of this application. The information you provide will help our staff determine all documents have been received and your application is ready for evaluation. **Your application for licensure will not be evaluated until all documents are received.** It is your responsibility to follow up with our Educator Licensure Division on the progress of your application.

This form requires a notarized signature. It cannot be submitted electronically. We suggest one of the following procedures:
1. Save this form to your computer. Complete it, then print, sign, and mail it; or
2. Complete the form from our webpage, print and sign it and mail it; or
3. Print this form, complete it by hand, sign and mail it to us.

****NOTICE: INCOMPLETE APPLICATIONS MORE THAN ONE YEAR OLD WILL BE DESTROYED****

Personal Information

Last Name	First Name	Middle Initial
Folio ID (assigned by OPI)	Name as you wish it to appear on your license	
Address	Former Name(s) (Maiden or Other)	
City	State	Zip Code	Country
Last four digits of your SSN	Date of Birth	Email
Cell Phone	Home Phone	Other Phone

Is the applicant Hispanic/ Latino? ◯ Yes ◯ No

Is the applicant from one or more of the following races:
- ☐ American Indian/Alaska Native
- ☐ Black or African American
- ☐ Asian
- ☐ White
- ☐ Native Hawaiian or Other Pacific Islander

Gender: ◯ Female ◯ Male

Have you ever held a Montana educator license? If yes, please indicate under what name and when you held the license.

School Year for license to be activated (all licenses are effective on July 1):

Oath

You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths.(MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

Declaration

I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking. I acknowledge I have read the Professional Educators of Montana Code of Ethics as provided on the Licensure web page.

Notary

Signature of Applicant_____

Subscribed and sworn before me this _____ **day of** _____**, 20**_____**.**

Signature of Notary Public_____

My Commission Expires_____

County of_____

State of_____

Character and Fitness Information (completed by the applicant)

Last Name		First Name		MI	

Taxpayer Identification Number (TIN), Social Security Number (SSN) or Canadian identification number (GST):
Section 7 of Public Law 93-579 requires us to advise you of the following in connection with our request for your Taxpayer Identification Number (TIN): Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 42 USC 5119a and c, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for verification purposes in connection with college transcripts and other education records pertaining to your application for teacher licensure. Your application will be scanned and stored on secure electronic media. The paper copy of your application will be shredded.

TIN, SSN or GST		**Signature**	Date:	

1. Do you currently hold or have you ever held a professional certificate, license, or other credential in ANY field (e.g. education, cosmetology, social work, outfitting, acupuncture) in Montana or any other state? If yes, please provide the following information for every certificate, license, or credential. You may use a separate sheet of paper. Please be sure to sign and date any additional pages. ☐ Yes ☐ No

State or Jurisdiction		Type of License		Certificate or License Number	
State or Jurisdiction		Type of License		Certificate or License Number	

2. Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each page. ☐ Yes ☐ No

☐ Letter of Warning	☐ Suspension	☐ Voluntary Surrender	☐ Failure to Renew	☐ Other (please describe)
☐ Reprimand	☐ Denial	☐ Revocation	☐ Cancellation	

3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. ☐ Yes ☐ No

4a. Have you ever been convicted of any crime (misdemeanor or felony)? If yes, explain on a separate sheet , providing dates, locations, and circumstances for each incident. Sign and date each page. ☐ Yes ☐ No

4b. Have you entered into a pretrial diversion* for any crime? If yes, select from the options below and explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. ☐ Yes

**A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.* ☐ No

☐ Deferred Prosecution	☐ Deferred or Suspended Imposition of Sentence	☐ Deferred Adjudication
☐ Stay of Adjudication	☐ First Time Offender Programs	☐ Other Similar Programs (Please describe)

5. Check One:
NOTE: YOUR APPLICATION WILL NOT PROCEED UNLESS WE RECEIVE YOUR FINGERPRINT BACKGROUND CHECK RESULTS.

☐ I have completed the Montana-based fingerprint background check and mailed it to the Montana Department of Justice; or

☐ I have completed a Montana-based fingerprint background check within the past 2 years either for employment in a Montana public school or admittance to a teacher education program at a unit of the Montana University System. I have requested that the school district or Montana university send those results to OPI.

By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of material fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.

Signature	Date	

VERIFICATION OF ELIGIBILITY FOR INITIAL LICENSURE (Completed by the Tribal Chair or the Official Designee)

CRITERIA: Each Montana Indian tribe is authorized to establish the eligibility of persons who may be verified as eligible for the Class 7 license.
Minimum requirements for specialist licensure by the State of Montana are:
1) applicant is 18 years of age or older, and 2) applicant is of good moral and professional character (20-4-1-4 (2), MCA.

Last Name		First Name		MI	

is recognized by the _____ (enter name of Tribe) Tribe as having met the criteria as a specialist in the (select language below)

☐ Assiniboine	☐ Cree	☐ Kootenai
☐ Blackfeet	☐ Crow	☐ Little Shell
☐ Cheyenne	☐ Dakota	☐ Salish
☐ Chippewa	☐ Gros Ventre	☐ Sioux

☐ Other Please Specify _____

language and is, therefore, verified as eligible for Class 7 specialist licensure.

Attested to by:

Signature
(Tribal Chair or the designated Tribal Official)

Date

Printed or typed name

Title

Phone Number

Checklist: Acknowledge each requirement is included with the application or in process by checking the item. Return this page with your application.

Fee	☐ I have enclosed my own check for $36, payable to the OPI.	**OR**	☐ My tribe has sent a check for $36, payable to the OPI.
Applicant's Signatures Complete?	☐ Page 1, Notary Section, verifying the Oath.		
	☐ Page 2, top, Social Security Number Disclosure Acknowledgement		
	☐ Page 2, bottom, indicating the information provided is correct to the best of your knowledge.		
Tribal Signatures Complete?	☐ Page 2, Tribal Chair or the Official Tribal Designee.		
Fingerprint-Based Background Check Requirement	Applicants for initial licensure, those who apply for emergency authorization of employment, and those who seek to reinstate a lapsed or revoked license must submit a fingerprint card for a national fingerprint-based background check through the Montana Department of Justice. The instructions for completing the background check are provided on a page 6 of this application. Please contact us at 406-444-3150 or cert@mt.gov if you have questions about this requirement. Thank you for your cooperation.		
	☐ My Fingerprint card has been mailed to Montana Department of Justice **OR** I have completed the "Request to Share fingerprint Results with OPI" form. My fingerprint results will be sent to OPI from a MT public school or public school district or university.		

Processing Time:
Once all documents are received, processing time will vary depending on time of year and volume of applications in our office. Between April and September, most evaluations are completed within 4 to 6 weeks.

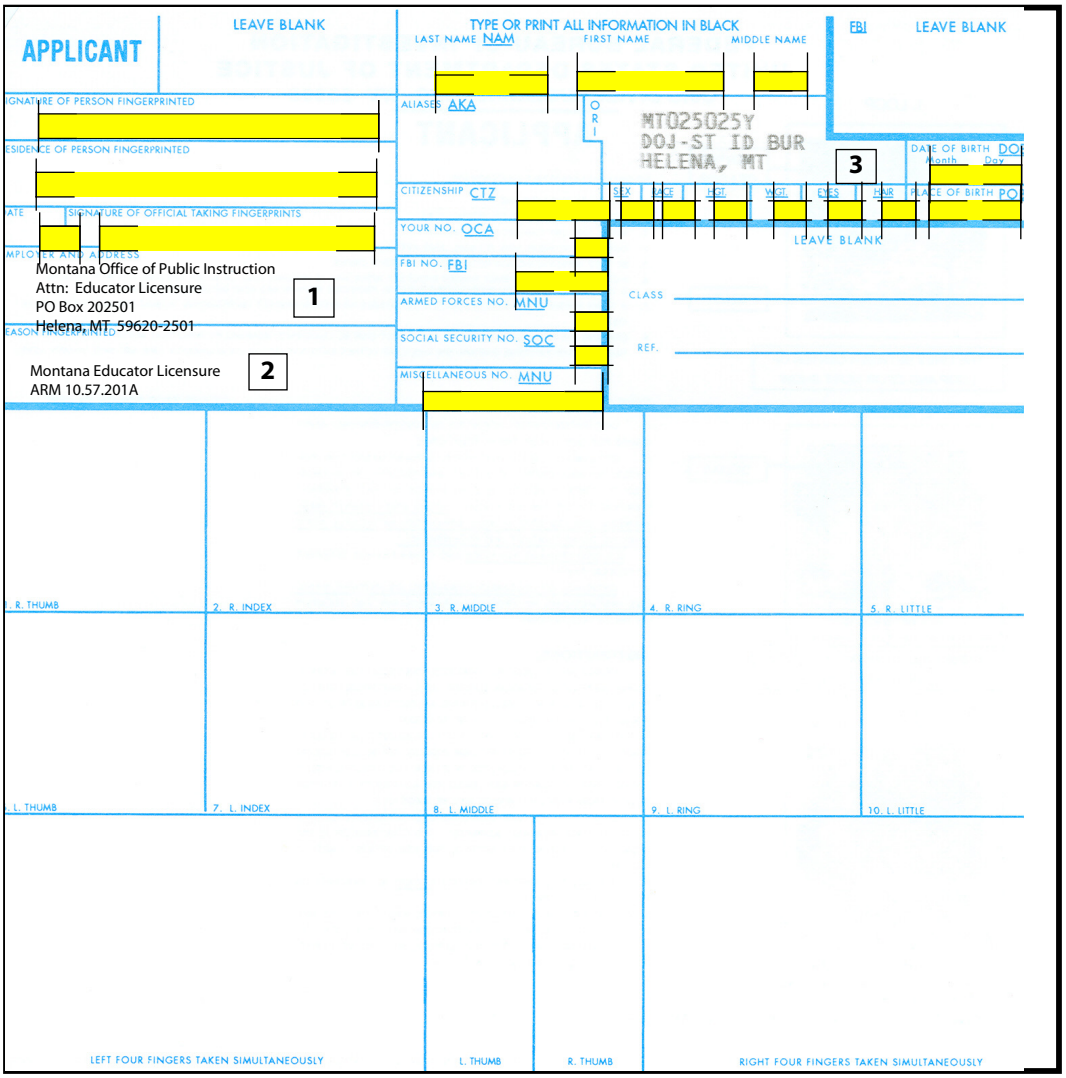
FINGERPRINT BACKGROUND CHECK INSTRUCTIONS
Do not return this page with your application

Step	Action	
1	Go to your local law enforcement office or other agency offering fingerprinting services.	
2	Request fingerprint card. These are provided to law enforcement offices at no charge to them. They can contact the Montana Department of Justice at 406-444-3625 for assistance in ordering the cards.	
3	With a pen, complete the highlighted sections which apply to you.	
4	Complete the additional text required (Montana Educator Licensure information, numbers 1, 2 and 3)	
5	Complete the fingerprinting by the method available from your law enforcement office (LiveScan or ink). It is imperative that the fingerprints are clear. Smudged or unclear prints will be rejected by the state and FBI. If your prints are rejected, you will be required to submit a new set of fingerprints. There is no fee for re-submission to the Montana Department of Justice.	
6	***Mail the completed fingerprint card to:*** ***Montana Department of Justice*** ***PO Box 202403*** ***Helena, MT 59620-2403***	***Include a check for $27.25 payable to the DOJ.*** ***DO NOT FOLD THE COMPLETED FINGERPRINT CARD.***
7	If you do not receive a response from the OPI, your fingerprints have most likely cleared. Please call 406-444-3150 or email cert@mt.gov for specific information.	
8	OPI will notify you by letter of rejected fingerprints. Please follow the instructions in that letter to complete the process again.	

To the right is a sample of a standard fingerprint card from a local law enforcment agency or other agency offering fingerprinting services.

Please ensure you enter the required information in areas marked 1, 2, and 3.

Failure to complete all required sections will result in a delay in application processing.



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