



Montana Application for Class 8 Dual Credit Postsecondary Faculty License

Requirements for Montana Class 8 Dual Credit Postsecondary Faculty License	
1. Verification of faculty employment from the Chief Academic Officer or an appropriate official of the employing regionally accredited college or university; ; ARM 10.57.437	
2. Recommendation from the Chief Academic Officer from a regionally accredited college or university	
Important Considerations: <ul style="list-style-type: none"> You must plan to teach in a subject covered by the K-12 endorsement areas in ARM 10.57.438, and will teach a subject in which the applicant has a major or minor; You must be able demonstrate adequate education and experience to instruct dual enrollment course Supporting documents, including syllabi, Course examples of assignments/projects, Curriculum Vitae, copies of transcripts, or other evidence of subject matter competency are encouraged to support your application and verify that you meet requirements for licensure. Class 8 dual credit license applications will be reviewed quarterly by the Certification Standards and Practices Advisory Council for recommendation regarding issuance of the license by the Superintendent of Public Instruction. For questions regarding these considerations please call us at 406-444-3150 	
Montana Educator Licensure Application Checklist	
I have completed all sections of the application and indicated the endorsement/endorsements I am applying for.	Complete
I am providing supporting documents to verify my qualifications for licensure.	
I have enclosed a check or money order payable to Montana OPI for \$30 per license applied for and a one-time filing fee of \$6. (\$36 for one initial license)	
I have signed and dated the bottom of the Character and Fitness Information page. (page 4)	
I have recited the oath in the presence of a licensed notary and signed the notary page. (page 5)	
I have requested a fingerprint background check to be processed by the Montana Department of Justice.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%; padding: 5px;"> <p>Important: Applications will not be processed until all required documentation/information has been received. Processing time depends on the time of year and the volume of applications being processed. Between April and September processing time may be 6-8 weeks. It is your responsibility to check with our office to ensure that all materials have been received. You can review your application at https://apps3.opi.mt.gov/SSO/Login/Login.aspx</p> </div> <div style="width: 35%; padding: 5px;"> <p>All documents must be mailed to:</p> <p>Montana Office of Public Instruction Attn. Educator Licensure PO Box 202501 Helena, MT 59620</p> </div> </div>	



Montana Application for Class 8 Dual Credit Postsecondary Faculty License

Please complete all sections of this application. Incomplete applications will not be evaluated. For questions regarding the application process please refer to our website at www.opi.mt.gov/cert .

Last Name		First Name		Middle Initial	
Street Address					Apartment/Unit #
City		State		Zip Code	
Phone Number			Email Address		
Last Four Digits of Your SSN		Date of birth		Gender	<input type="radio"/> Male <input type="radio"/> Female
Race (Choose one or more): <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White				Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	
School year initial licensure to be active		July 1, _____			

Academic and Education Experience

College or University	City/State	Degree earned	Major or Coursework Equivalent to a Major*	Minor
		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Doctoral <input type="radio"/> None		
		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Doctoral <input type="radio"/> None		
		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Doctoral <input type="radio"/> None		
		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Doctoral <input type="radio"/> None		

*The Professional Educator Preparation Standards, Admin. R. Mont. Chapter 58, allow a Montana approved Professional Educator Preparation Unit to substitute coursework or other evidence of subject matter competency in lieu of semester credits required under Chapter 57. If you are substituting coursework for degrees or majors and minors, please include documentation from an Accredited Professional Educator Preparation Program that those courses meet requirements of Admin. R. Mont. 10.57.301 and the respective section of the Professional Educator Preparation Standards.

Endorsement(s):	
From the following list, select endorsement area(s) for which you are applying:	
<input type="radio"/> Agriculture	<input type="radio"/> Biology
<input type="radio"/> Business & Information Technology	<input type="radio"/> Chemistry
<input type="radio"/> Communication	<input type="radio"/> Earth Science
<input type="radio"/> Economics	<input type="radio"/> English
<input type="radio"/> Family & Consumer Sciences	<input type="radio"/> Geography
<input type="radio"/> Health	<input type="radio"/> History
<input type="radio"/> Industrial Technology Education	<input type="radio"/> Journalism
<input type="radio"/> Marketing	<input type="radio"/> Mathematics
<input type="radio"/> Physics	<input type="radio"/> Political Science
<input type="radio"/> Psychology	<input type="radio"/> Science (broadfield)
<input type="radio"/> Sociology	<input type="radio"/> Social Studies (broadfield)
<input type="radio"/> World Languages: _____	<input type="radio"/> Theatre
<input type="radio"/> Art	<input type="radio"/> Computer Science
<input type="radio"/> English as a Second Language	<input type="radio"/> Health Enhancement
<input type="radio"/> Library	<input type="radio"/> Music
<input type="radio"/> Physical Education	<input type="radio"/> Reading
<input type="radio"/> School Counseling	<input type="radio"/> Traffic Education
<input type="radio"/> World Languages: _____	<input type="radio"/> Other: _____

Evidence of Eligibility for Licensure and Endorsement(s)			
The applicant must demonstrate adequate education and experience to instruct dual enrollment courses as demonstrated by the following criteria (ARM 10.57.437):	Please describe the evidence you are submitting to meet the required criteria	Verification by Chief Academic Officer or Official Designee: Evidence has been verified and found to be acceptable	
		Yes	No (please explain)
(A) Ability to create learning environments that support creativity, critical thinking, individual and collaborative learning, and that encourage positive social interaction, active engagement in learning, and self-motivation;			
(B) Understanding and ability to use a variety of instructional and assessment strategies to encourage learners to develop understanding of content areas and to build skills to apply knowledge in meaningful ways;			
(C) Understanding of individual differences and diverse cultures with an ability to integrate history, culture, heritage, and contemporary status of American Indians and tribes in Montana.			

Verification of Employment Eligibility

Applicant Last Name	First Name	Middle Initial
<p>Verification Statement:</p> <p>I hereby verify that _____ is on the faculty of _____ (college or university) pursuant to Admin. R. Mont. 10.57.437 (3) (a) and (b) and is applying to teach courses for which students will receive both high school and college credit(s) pursuant to Admin. R. Mont. 10.57.437 (2) and meets the definition of "college faculty" in Admin. R. Mont. 10.57.102 (10).</p>		
Name of College or University		
Signature of Chief Academic Officer or their designated representative and Date		
Printed name of Chief Academic Officer or their designee		
Title of Chief Academic Officer or their designee		

Character and Fitness Information

Last Name		First Name		MI
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.			<input type="radio"/> Yes <input type="radio"/> No	
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.				<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Letter of Warning	<input type="radio"/> Suspension	<input type="radio"/> Voluntary Surrender	<input type="radio"/> Failure to Renew	<input type="radio"/> Other (please describe)
<input type="radio"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Revocation	<input type="radio"/> 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.				<input type="radio"/> Yes <input type="radio"/> 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. *Most arrests and convictions show up on a background check even if purged or dismissed by a court.				<input type="radio"/> Yes <input type="radio"/> 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. <i>*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.</i>				<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Deferred Prosecution		<input type="radio"/> Deferred or Suspended Imposition of Sentence		<input type="radio"/> Deferred Adjudication
<input type="radio"/> Stay of Adjudication		<input type="radio"/> First Time Offenders Programs		<input type="radio"/> Other Programs (Please describe)
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 identity verification in connection with college transcripts and other education records pertaining to your application for teacher licensure.				
Taxpayer ID Number, Social Security Number or Canadian ID				
<i>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.</i>				
Signature:			Date:	
Note: Your application will not be processed until we receive your fingerprint background check results. Have you submitted your background check to the Montana Dept. of Justice? (See instructions on Page 8)			<input type="radio"/> Yes <input type="radio"/> No	

Professional Educators of Montana Code of Ethics

Professional educators recognize and accept their responsibility to create learning environments to help all students reach their full potential. They understand the trust and confidence placed in them by students, families, colleagues, and the community. To achieve their professional purpose, educators strive to maintain the highest ethical standards. The Professional Educators of Montana Code of Ethics sets out these fundamental principles which guide their behavior.

Principle I. Commitment to Students and Families. The ethical educator:

- A. Makes the well-being of students the foundation of all decisions and actions.
- B. Promotes a spirit of inquiry, creativity, and high expectations.
- C. Assures just and equitable treatment of every student.
- D. Protects students when their learning or well-being is threatened by the unsafe, incompetent, unethical or illegal practice of any person.
- E. Keeps information confidential that has been obtained in the course of professional service, unless disclosure serves a compelling purpose in the best interest of students, or is required by law.
- F. Respects the roles, responsibilities and rights, of students, parents and guardians.
- G. Maintains appropriate educator-student relationship boundaries in all respects, including speech, print, and digital communications.

Principle II. Commitment to the Profession. The ethical educator:

- A. Fulfills professional obligations with diligence and integrity.
- B. Demonstrates continued professional growth, collaboration and accountability.
- C. Respects the roles, responsibilities, and rights of colleagues, support personnel, and supervisors.
- D. Contributes to the development of the profession's body of knowledge.
- E. Manages information, including data, with honesty.
- F. Teaches without distortion, bias, or prejudice.
- G. Represents professional qualifications accurately.

Principle III. Commitment to the Community. The ethical educator:

- A. Models the principles of citizenship in a democratic society.
- B. Understands and respects diversity.
- C. Protects the civil and human rights of students and colleagues.
- D. Assumes responsibility for personal actions.
- E. Demonstrates good stewardship of public resources.
- F. Exemplifies a positive, active role in school-community relations.
- G. Adheres to the terms of contracts, district policies and procedures, and relevant statutes and regulations.

Adopted by the Certification Standards and Practices Advisory Council July 13, 2016



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 hereby 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 that 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 that I have read the Professional Educators of Montana Code of Ethics as provided on the Montana OPI Educator Licensure website.

Name of applicant:			
Date of Birth		Last 4 numbers of SSN	

Signature of Applicant: _____

The above quoted oath was made before me, and this document was signed before me on the _____ day of _____, 20____

By _____
(Print name of signer)

Signature of Notary: _____

Printed Name of Notary: _____

Residing in the State of: _____ County of: _____

Commission Expires: _____



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

opi.mt.gov

How to Initiate your Fingerprint Background Check

1. Go to your local law enforcement agency or any other agency offering fingerprinting services. Request that your fingerprints be taken for a background check. There may be a charge for this service. **Fingerprints must be clear. Smudged or unclear prints will be rejected. Therefore we recommend that you complete two fingerprint cards to ensure that your background check can be completed in a timely manner.**
2. Fill out all sections of the fingerprint cards with your personal information as needed. **Do not fold the completed fingerprint cards.**

3. Complete the following sections as instructed below:

Employer and Address: Montana Office of Public Instruction
Educator Licensure Division
PO Box 202501
Helena, MT 59620-2501

Reason Fingerprinted: Montana Educator Licensure
ARM 10.57.201A

ORI: MT025025Y
DOJ-ST ID BUR
Helena, MT

4. Mail the completed fingerprint cards along with a **Check for \$27.25** payable to the Montana DOJ to:

Montana Department of Justice
PO Box 201403
Helena, MT 59620-1403

For questions regarding the status of your background check call 406-444-3150. We will notify you by letter of rejected fingerprints and provide instructions on how to complete the process again.