



# Class 7 Specialist Educator Renewal Application

|                              |  |                |  |                  |  |
|------------------------------|--|----------------|--|------------------|--|
| 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  |  |                  |  |
| Folio/SEID Number            |  | Former Name(s) |  |                  |  |

### Verification of Renewal Units

60 renewal units are required for renewal. These renewal units must have been earned during the period of your current licensure and must be authorized and verified by the tribe which verified eligibility. Renewal units are clock hour equivalent and must extend or strengthen the qualifications of the license holder.

| Date | Activity/Course Title | Source of Activity/Course | Units Granted |
|------|-----------------------|---------------------------|---------------|
|      |                       |                           |               |
|      |                       |                           |               |
|      |                       |                           |               |
|      |                       |                           |               |
|      |                       |                           |               |

**If you need to document more renewal activities/courses please attach a separate sheet of paper**

|  |  |       |  |
|--|--|-------|--|
| As the tribal chairperson or designated official I verify the above applicant for Class 7 Educator Licensure renewal has completed the renewal requirements as documented on this application and is therefore eligible for Class 7 Licensure renewal. |  |       |  |
| Name of Tribal Chairperson or other designated official  |  | Title |  |
| Signature  |  | Date  |  |

|   |   |
|---|---|
| Please submit this application and the attached Character and Fitness verification form along with the <b>\$30.00 renewal fee</b> to the following address: | <b>Montana Office of Public Instruction</b><br><b>Attn. Educator Licensure</b><br><b>PO Box 202501</b><br><b>Helena, MT 59620</b> |
|---|---|

## Character and Fitness Information

|   |  |  |
|---|--|--|
| <b>Last Name</b>  | <b>First Name</b>  | <b>MI</b>  |
|   |  |  |
| <b>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.</b>  |  | <input type="radio"/> Yes<br><input type="radio"/> No  |
| <b>State or Jurisdiction</b>  | <b>Type of License</b>   | <b>Certificate or License Number</b>                   |
|   |  |  |
|   |  |  |
| <b>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.</b>   |  | <input type="radio"/> Yes<br><input type="radio"/> No  |
| <input type="radio"/> Letter of Warning   | <input type="radio"/> Suspension                                   | <input type="radio"/> Voluntary Surrender              |
| <input type="radio"/> Reprimand   | <input type="radio"/> Denial                                       | <input type="radio"/> Revocation                       |
|   |  | <input type="radio"/> Failure to Renew                 |
|   |  | <input type="radio"/> Cancellation                     |
|   |  | <input type="radio"/> Other (please describe)          |
| <b>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.</b>  |  | <input type="radio"/> Yes<br><input type="radio"/> No  |
| <b>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.</b>  |  | <input type="radio"/> Yes<br><input type="radio"/> No  |
| <b>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.</b><br><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<br><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 verification purposes in connection with college transcripts and other education records pertaining to your application for teacher licensure. |  |  |
| <b>Taxpayer ID Number, Social Security Number or Canadian ID</b>  |  |  |
|   |  |  |
| <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>  |  |  |
| <b>Signature:</b>   |  | <b>Date:</b>   |
|   |  |  |