



## Montana Application for Class 5 Provisional Educator Licensure

Requirements for Montana Class 5 Provisional licensure With Early Childhood, Elementary, Middle, Secondary, K-12, or P-12 Special Education Endorsement	
1.	A Bachelor's Degree ARM 10.57.425 and 10.57.426
2.	For those who have not completed an educator preparation program which accredited by NCATE, CAEP, or a state approved program from a regionally accredited college or university, a plan of study from an accredited professional educator preparation program verifying the applicant can meet the requirements for full licensure within 3 years and the applicant meets the program's admission requirements. ARM 10.57.425 and 10.57.426
<p><b>Important Considerations:</b></p> <ul style="list-style-type: none"> <li>• <b>You submit a plan of study</b> with your Class 5 application. Applications will not be evaluated until a <b>plan of study for an educator preparation program</b> has been submitted.</li> <li>• <b>A Class 5 Provisional license is only allowed once during your career and is not renewable.</b> You must complete the requirements for full licensure within 3 years to be upgraded to full (Class 2) licensure.</li> <li>• <b>If you have ever been licensed in Montana, and you have not earned the credits to renew or reinstate, you may be eligible for the non-renewable, 3-year Class 5 License.</b> You will be granted the same endorsements you held previously. If you have been licensed in another state and added endorsements while away from Montana, the college or university where you completed the additional endorsement must make recommendation to add the endorsement to your Montana license.</li> <li>• For questions regarding these considerations please call us at 406-444-3150</li> </ul>	
Montana Educator Licensure Application Checklist	
	Complete
I have completed all sections of the application and indicated the endorsement/endorsements I am applying for.	
I have enclosed a check or money order payable to Montana OPI for \$18 for the Class 5 license applied for and a one-time filing fee of \$6. (\$24 total) if this is your first Montana license. For Reinstatement, \$18.	
I have enclosed an official transcript or requested official transcripts be mailed to the Montana OPI from all institutions I have attended.	
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.	
I have included a copy of my valid out of state license. (If applicable)	
I have included a plan of study or requested one be sent from the college or university	
<p><b>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 <a href="https://apps3.opi.mt.gov/SSO/Login/Login.aspx">https://apps3.opi.mt.gov/SSO/Login/Login.aspx</a></b></p>	<p>All documents must be mailed to:</p> <p><b>Montana Office of Public Instruction Attn. Educator Licensure PO Box 202501 Helena, MT 59620</b></p>



# Class 5 Educator License Application

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](http://www.opi.mt.gov/cert).

Last Name		First Name		Middle Initial	
Street Address			Apartment/Unit #		
City	State	Zip Code	Former Name(s)		
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, _____			
Have you ever held a Montana Educator License?		<input type="radio"/> Yes <input type="radio"/> No	If so, please indicate under what name.		
Have you ever held an educator license from another state?		<input type="radio"/> Yes <input type="radio"/> No	If so, please indicate what state/states.		

## Academic and Education Experience

**Class 5 licensure requires that all applicants MUST have completed a Bachelor's Degree.**

**Original or electronic ("escript") transcripts must be submitted for all colleges or universities attended.**

Electronic transcripts must be sent from the college or an official transcript clearinghouse.

We will not accept electronic or scanned transcripts directly from the applicant

College or University	City/State	Degree earned	Major	Minor
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None	Educator Preparation Program? <input type="radio"/> Yes <input type="radio"/> No	

## Application for Endorsement

**Please indicate which endorsement you are applying for. A university recommendation from the educator preparation program you have completed will be required to document your eligibility for each endorsement requested. (See Attachment 1 of this application)**

<input type="radio"/> <b>Early Childhood</b> (age 3 to grade 3)	<input type="radio"/> <b>Elementary</b> (Kindergarten to grade 8)	<input type="radio"/> <b>Middle Grades</b> (Grades 4-8)	<input type="radio"/> <b>Special Education</b> (pre K -12)
<b>Secondary Endorsements</b>	<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	
<b>K-12 Endorsements</b>	<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: _____		
* Applicants prepared with a Library/Media endorsement as their only endorsement area do not qualify for full licensure in Montana. The applicant must have a second area of endorsement.			

## Plan of Study Information

**The Plan of Study Form (Attachment 1, Page 6) must be completed and signed by a college official.**

Please turn in the plan of study along with your application.

Applications will not be processed without a plan of study for review.

<b>I have a plan of study verifying I will complete the requirements for full licensure within the next 3 years.</b>		<input type="radio"/> Yes <input type="radio"/> No	
<b>College or University</b>			
<b>City</b>		<b>State</b>	
<b>Name of Official who signed off on Plan of Study</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 <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 <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	
<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 <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 <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> <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 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>	
<b>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)</b>			<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.

Table with 4 columns: Name of applicant, Date of Birth, Last 4 numbers of SSN, and an empty column.

Signature of Applicant: \_\_\_\_\_

This above oath was sworn and the 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: \_\_\_\_\_ (Date)



This form must be prepared and signed by the appropriate official from the college or university where your educator preparation program will be completed.						
<b>Candidate Information:</b>						
Last Name			First Name			Middle Initial
Street Address					Apt. or Unit #	
City			State			Zip Code
Last Four Digits of SSN		Birth Date			Former Name(s)	
To be completed by the college or university where the applicant plans to complete his/her educator preparation program. Please complete the information requested below and return to the candidate at the address above:						
Name of College/University						
City/State						
Is your institution regionally accredited?	<input type="radio"/> Yes	<input type="radio"/> No	Name of regional agency:			
Accreditation of Educator Preparation Program	<input type="radio"/> CAEP <input type="radio"/> NCATE <input type="radio"/> State - For State approved programs, please Indicate the subject area only content hours required for your secondary or K-12 programs _____ (example: 40 Semester Credits in an extended Major or 30 Semester Credits/20 Semester Credits in an approved Major/Minor) <input type="radio"/> Other (i.e. Alternative route) Please describe _____					
Type of Educator Preparation Program applicant will complete	<input type="radio"/> Early Childhood (Age 3–Grade 3)		<input type="radio"/> Elementary (K-8)		<input type="radio"/> Middle Grades (4-8)	
				<input type="radio"/> Special Education (pre K-12) Disability area if not cross categorical _____ Please indicate the Disability area of program focus		
<input type="radio"/> Secondary Endorsement	Secondary Subject Area	_____ Please indicate the secondary area of study		<input type="radio"/> K-12 Endorsement	K-12 Subject Area	_____ Please indicate the K-12 area of study
To be signed by the appropriate college official (Dean of Education, Certification Officer, Licensure Official, etc.)						
Upon review of the academic records provided by the above named party, I find:						
<input type="radio"/> The Applicant can meet requirements for full licensure within the three-year valid period of the license. <input type="radio"/> The Applicant meets the professional educator preparation program's admission requirements.						
Please call the Montana Educator Licensure Program if you have any questions regarding the completion of this form. (406)444-3150						
Signature				Date		
Printed Name and Title				Email Address		
Phone Number			College Seal			



## 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.