

APPLICATION CHECKLIST FOR AN INITIAL MISSOURI TEACHER'S LICENSE FOR MISSOURI GRADUATES

Application Form

Application for a Missouri Teacher's Certificate (Initial Professional Certificate) must be completed and signed by the certification officer at the recommending Missouri institution and contain the institution's official seal. The application must be signed by the applicant;

Transcripts

Transcripts from **ALL** institutions attended must be provided. Please be sure your complete social security number is listed. **Note:** a minimum grade point average of 2.5 on a 4.0 scale in the major field and overall is required; and

Background Check

A criminal background check must be completed. Please contact L-1 Enrollment Services Division to schedule an appointment by calling 866-522-7067 or online at <http://www.l1enrollment.com/>. The current processing fee for this procedure is \$52.20. Please provide the following information when contacting IBT:

- County/District code number of the hiring school district; if not employed please use code number 999999;
- Your certification status, which will be a certified educator (E); and
- DESE's ORI number, which is MO920320Z.

Any questions regarding this portion of the application process must be directed to the Department of Elementary and Secondary Education, Conduct and Investigation Section at 573-522-8315.

PLEASE BE SURE THAT THE APPLICATION PACKET IS COMPLETE!

An incomplete packet will not be processed. Mail the complete application packet to:

Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>
573/751-0051

The application and transcripts will be submitted to DESE by the certification officer at the recommending Missouri institution. You will be responsible for the background check; DESE will not process the request for certification until the results of the background check are received.

You can check the status of your application on our website at:
https://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
 EDUCATOR CERTIFICATION
 POST OFFICE BOX 480
 JEFFERSON CITY, MISSOURI 65102-0480
 (573) 751-0051

APPLICATION FOR A MISSOURI TEACHER'S CERTIFICATE
 (INITIAL CERTIFICATE, MISSOURI INSTITUTION)

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*	
CURRENT NAME (LAST, FIRST, MIDDLE)	
ALL MAIDEN/FORMER NAMES	
STREET ADDRESS	
CITY, STATE, ZIP CODE	EMAIL ADDRESS
DATE OF BIRTH	PHONE NUMBERS H _____ W _____
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>

B. PROFESSIONAL CONDUCT (All questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

*View the Social Security Number Disclosure at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

C. SWORN AFFIDAVIT

I hereby attest that all information I am submitting is true and complete the best of my knowledge. I understand that any intentional misrepresentation of facts may result in denial or annulment of a license and that classification of statements on and with this attestation may be punishable by law. I authorize law enforcement agencies, courts, offices of prosecuting attorneys, and custodians of employment, school district, military, and licensure records to disclose to the Missouri Department of Education information from the records in their possession. I further authorize these agencies to permit the examination and to furnish copies of all records and other reports and the release of the records. I understand that the specific type of information to be disclosed includes reports of any kind of contained in my record file, regardless of their origin.

D. RELEASE OF EDUCATIONAL INFORMATION

I hereby give my recommending certification institution permission to release any and all information needed in Section II, A.

APPLICANT'S SIGNATURE	DATE
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