

Application Checklist for Provisional Certificate

Please complete the following steps in order to obtain a Provisional Teaching Certificate:

***Before applying for a Provisional Teaching Certificate, you must have a job offer from an employing school district.**

_____ Complete an FBI Background check. Information on completing this step can be found at the following website: <http://education.missouristate.edu/services/efe/89091.htm>

_____ Complete section 1 of the form. Make sure to sign and date.

_____ On page 2 of the form, complete ONLY your name and address on the top of the form and be sure to sign and date toward the bottom. Do NOT complete any other part of section IV. This section will be completed by the staff in the Teacher Certification Office at Missouri State.

_____ Have the hiring school district complete section II on page 1 of the form.

_____ Mail the Completed application to:
Teacher Certification Office
901 S. National Ave., Hill 200B
Springfield, MO 65897

Once the application has been received, the Teacher Certification Office will complete Section IV, attach official transcripts, and mail the application to the Department of Elementary and Secondary Education (DESE). It will then take approximately 8-10 weeks for your actual certificate to arrive in regular US mail.

At the time the application is mailed to DESE, the Teacher Certification Office will also mail you a confirmation letter stating that you have been recommended for a Provisional Teaching Certificate. Please give that letter to your hiring school district as evidence that the paperwork has been submitted.



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 ACADEMIC CONTRACT)

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	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
PHONE NUMBERS	
H _____ W _____	

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.

APPLICANT'S SIGNATURE	DATE
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SECTION II: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL.

List subject and grade level of certificate requested _____

I hereby affirm that _____ will be employed by this school district and used in the teaching position requiring the certificate listed above for the _____ -- _____ school year

His/her beginning contracted date is/was _____. The officials of this school understand that the applicant has previously applied for an additional certificate of license to teach and has been informed by the Office of Educator Certification that he/she is in fact eligible for the above requested certificate. I jointly request with the above applicant that this provisional certificate be issued.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL	NAME OF SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL
NAME OF DESIGNATED SCHOOL OFFICIAL	ADDRESS
POSITION HELD	CITY, STATE, ZIP CODE
PHONE NUMBER	DATE

SECTION III: APPLICANT INFORMATION

*SOCIAL SECURITY NUMBER	DATE OF BIRTH
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