

Commonwealth of Kentucky
KENTUCKY DEPARTMENT OF EDUCATION
 Division of Educator Licensure and Quality, 300 Sower Blvd., 5th Floor, Frankfort, Kentucky 40601
 Telephone (502) 564-4606 (888) 598-7667 www.epsb.ky.gov

APPLICATION FOR KENTUCKY CERTIFICATION OR CHANGE IN SALARY RANK

Read instructions before completing application. An incomplete application will delay processing.

SECTION I. Record of Personal Information and Preparation to be completed BY APPLICANT (type or print)

A. PERSONAL INFORMATION

SSN: _____ **Date of Birth:** _____

Last Name: _____ **Suffix:** _____

First Name: _____ **Middle:** _____

Maiden Name: _____ **Gender:** Male Female

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number (_____) _____ Home Mobile

Primary E-mail address: _____

Secondary E-mail address: _____

Ethnic Identification – Optional (check one)

- White, Non-Hispanic Black, Non-Hispanic Hispanic
 Asian or Pacific Islander American Indian Other

Are you a veteran of the United States Armed Forces or Reserves with at least six (6) years of service? Yes No

B. TYPE OF CERTIFICATE REQUESTED – check all applicable

- Statement of Eligibility - Area: _____ Addition of new area: _____
 Initial certificate based on out of state program Rank Change based on Education program Rank Change based on content degree
 Rank Change based on National Board Rank Change based on CEO program Other _____

C. COLLEGE ATTENDANCE RECORD – list all applicable degree programs (attach additional pages if needed)

College or University	Address	Dates of Attendance				Total semester hours or degrees awarded
		From M Y	To M Y			

D. PRAXIS II REQUIREMENTS – out of state applicants only. (See instructions)

Have you had two or more years of fully certified out of state teaching experience Yes No
 If YES, complete Section II. If NO, electronically submit PRAXIS II scores or provide test dates. See instructions for further information.

SECTION II. Record of Experience - completed by applicant and verified by school superintendent (use additional pages if needed)

School District	City, State	Position	Check one		Employment Dates			
		(include grade level & subject)	Full time	Other	From M Y	To M Y		

I verify that this applicant has had experience as indicated above

Superintendent Signature: _____

District: _____ **Date:** _____

District Telephone number: (_____) _____

FEES per 16 KAR 4:040		
1.	Initial Statement of Eligibility	-0-
2.	One (1) year certificate	-0-
3.	Five (5) year substitute certificate	\$15.00
4.	Duplicate Certificate	\$25.00
5.	Four (4) year certificate	\$50.00
6.	Renewal of Statement of Eligibility	\$50.00
7.	Issuance, reissuance, or renewal of regular certificate (including addition of area or rank change)	\$85.00
8.	Synchronization option for aligning multiple certifications (must meet applicable renewal requirements)	Addl. \$15.00

FEES MUST BE PAID ELECTRONICALLY THROUGH THE ONLINE E-PAY SYSTEM AT WWW.EPSB.KY.GOV.

All fees paid to the EPSB are nonrefundable if application for certification is denied.

GENERAL INSTRUCTIONS

This application form is to be used to apply for any type of Kentucky teaching or administrative certificate, certificate endorsement, additional certification, certificate extension, or advance in rank. The requirements for certificate issuance and renewal are outlined in the relevant EPSB statutes and regulations.

Kentucky certification requires completion of an approved program from a regionally accredited institution. You must request the certification official of the preparing college or university to complete Section V (page 5). Instructions for that page are located on page 6.

If you did not complete an approved program of preparation at a regionally accredited college or university, but hold a valid teaching certificate from another state issued through transcript evaluation or an alternative preparation program, contact the Division of Educator Licensure and Quality at KDElicensure@education.ky.gov to request an Out of State Alternate Route Program Verification Form to be used in lieu of Section V on Page 5 of this application.

APPLICATIONS ARE PROCESSED ON A FIRST-COME, FIRST-SERVED BASIS ACCORDING TO THE DATE THE MATERIALS ARE RECEIVED. APPLICATIONS RECEIVED AT OR NEAR THE END OF A SEMESTER WILL TAKE LONGER TO PROCESS. ONLY ORIGINAL SIGNATURES SHOULD BE SUBMITTED. FAXED OR SCANNED MATERIALS ARE NOT ACCEPTABLE.

Complete each section of the application according to the directions. Failure to complete the application completely and accurately will delay processing.

Section I.

- A. Complete all demographic information. An SSN is required to process your application.
- B. Indicate the type of certificate or change requested. You may mark more than one selection. For a Statement of Eligibility or Addition of Area, please indicate the specific certificate content, endorsement, specialty, or administrative type being requested.
- C. **Official transcripts bearing the seal of the institution and the signature of the registrar are required for all coursework not previously submitted.** (If transfer credit accepted toward a degree is not listed by course titles and credits, an official transcript of this coursework is also needed). **A minimum cumulative GPA of 2.75/4.0 OR a GPA of 3.0/4.0 on the last thirty (30) hours of coursework is required.**
- D. PRAXIS II Assessment requirements:
 - a. Initial certification for classroom teaching: If the PRAXIS II and PLT tests were taken within the last (5) years, the applicant should request a copy of the scores be sent electronically to this office from the Educational Testing Service (ETS) through their website at www.ets.org/praxis or by phone at 1-800-772-9746. When requesting ETS to forward the test scores, use code 7283 to indicate the Education Professional Standards Board. Paper score reports, hand written scores on Section IV or scores older than 5 years will not be accepted.
 - i. Out of state applicants (i.e. completed an out-of-state preparation program) for a teaching certificate who have completed two (2) years of acceptable full-time or half-time (.5) teaching experience at that grade level and content area for which teacher certification is requested, will be exempted from the PRAXIS II and Principles of Learning and Teaching (PLT) tests and from the Kentucky Teacher Internship Program (KTIP). **Teaching experience is not acceptable if not earned on a full state certificate.**
 - ii. Applicants who have not yet taken all PRAXIS II tests required for Kentucky certification should include documentation showing when the tests will be taken.
 - b. Initial certification for school principal: Two (2) assessments are required: (1) School Leaders Licensure Assessment, and (2) Kentucky Specialty Test of Instructional and Administrative Practices.
 - i. Out of state applications for certification for school principal who were certified in another state and practiced in that state as a principal or assistant principal for two (2) or more years is exempt from taking the School Leaders Licensure Assessment. Testing requirements for principalship certification **cannot** be waived for in-state applicants.

Section II.

Record all school experiences. The application should secure verification by the superintendent of the school district where the most recent experience was obtained. If the most recent experience is not sufficient to waive the assessments or to satisfy the experience prerequisites, the applicant may attach signed letters of the additional experience from superintendent(s) where the experience was completed.

Two (2) years of acceptable, fully certified full-time or half-time (.5) out of state teaching experience at that grade level and content area for which teacher certification is requested are required to waive the assessments and KTIP for applicants who prepared outside Kentucky. **Teaching experience is not acceptable if not earned on a full state certificate.**

Certain other certificates have required experience prerequisites. (e.g., three (3) years of teaching for principalship and supervisor of instruction; three (3) years of teaching AND two (2) years of administrative for school superintendent.)

Section III.

Please enter your name and Social Security number. Answer all questions, sign, and date the page. Attach any required documentation. Enclose a copy of any out of state credential or license.

NAME: _____

SSN: _____

SECTION III. Character and Fitness

A. If you have ever held, or currently hold a professional license, credential, or other document issued to you by any other jurisdiction other than Kentucky within the United States or abroad, enclose a copy of the certificate(s) and provide the following:

Type of Professional Certificate	State or Jurisdiction of Issuance	Issue Date	Expiration Date

B. Disclosure of Background Information

If you answer "yes" to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, court records, and any other information that explains the circumstances in detail.	YES	NO	Documentation Attached
1. Have you ever had a professional certificate, license, credential, or any document issued for practice denied, suspended, revoked, or voluntarily surrendered? If you have had a professional certificate, license, credential, or any other document issued for practice initially denied by a licensing body, but later issued, you must answer "yes."			
2. Have you ever been suspended or discharged from any employment or military service because of allegations of misconduct?			
3. Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of allegations of misconduct?			
4. Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
5. Have you ever been convicted of or entered a guilty plea, an "Alford" plea, or a plea of nolo contendere (no contest) to a felony or misdemeanor, even if adjudication of the sentence was withheld in Kentucky or any other state? For the purpose of this application, minor traffic violations should not be reported. Convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.			
6. Do you have any criminal charges pending against you?			
7. If you indicated "yes" to question #1 through #6, has that the EPSB previously reviewed the information? - _____ (Date of Review)			

I declare that I understand the standard for personal and professional conduct expected of a professional educator in Kentucky. I further certify that I have read and examined the Professional Code of Ethics for Kentucky Certified School Personnel, 16 Kentucky Administrative Regulation 1:020, understand its provisions, and agree to abide by its terms during the course of my career as a professional educator.

SIGNATURE: _____ **DATE:** _____

Section IV. Affirmation

I affirm and declare that all information given by me on this application is true, and correct, and complete to the best of my knowledge. I understand that any misrepresentation of facts, by omission or addition, may result in the denial or revocation of my teaching certificate. Further, I understand that KRS 161.120 provides that a teaching certificate may be revoked at any time upon determination that false information was presented toward obtaining a teaching certificate.

SIGNATURE: _____ **DATE:** _____

**PROFESSIONAL CODE OF ETHICS
FOR
KENTUCKY SCHOOL PERSONNEL
16 KAR 1:020**

Section 1. Certified personnel in the Commonwealth:

- (1) Shall strive toward excellence, recognize the importance of the pursuit of truth, nurture democratic citizenship, and safeguard the freedom to learn and to teach;
- (2) Shall believe in the worth and dignity of each human being and in educational opportunities for all;
- (3) Shall strive to uphold the responsibilities of the education profession:

(A) To Students

- Shall provide students with professional education services in a non-discriminatory manner and in consonance with accepted best practice known to the educator.
- Shall respect the constitutional rights of all students.
- Shall take reasonable measures to protect the health, safety, and emotional well-being of students.
- Shall not use professional relationships or authority with students for personal advantage.
- Shall keep in confidence information about students which has been obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.
- Shall not knowingly make false or malicious statements about student or colleagues.
- Shall refrain from subjecting students to embarrassment or disparagement.
- Shall not engage in any sexually related behavior with a student with or without consent, but shall maintain a professional approach with students. Sexually related behavior shall include behaviors as sexual jokes; sexual remarks; sexual kidding or teasing; sexual innuendo; pressure for dates or sexual favors; inappropriate physical touching, kissing, or grabbing,; rape; threats of physical harm; and sexual assault.

(B) To Parents

- Shall make reasonable effort to communicate to parents information which should be revealed in the interest of the student.
- Shall endeavor to understand community cultures and diverse home environments of students.
- Shall not knowingly distort or misrepresent facts concerning educational issues.
- Shall distinguish between personal views and the views of the employing educational agency.
- Shall not interfere in the exercise of political and citizenship rights and responsibilities of others.
- Shall not use institutional privileges for private gain, for the promotion of political candidates, or for partisan political activities.
- Shall not accept gratuities, gifts or favors that might impair or appear to impair professional judgment, and shall not offer any of these to obtain special advantage.

(C) To the Education Profession

- Shall exemplify behaviors which maintain the dignity and integrity of the profession.
- Shall accord just and equitable treatment to all members of the profession in the exercise of their professional rights and responsibilities.
- Shall keep in confidence information acquired about colleagues in the course of employment, unless disclosure serves professional purposes or is required by law.
- Shall not use coercive means or give special treatment in order to influence professional decisions.
- Shall apply for, accept, offer, or assign a position or responsibility only on the basis of professional preparation and legal qualifications.
- Shall not knowingly falsify or misrepresent records of facts relating to the educator's own qualification or those of other professionals.

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Record of Personal Information to be completed BY APPLICANT (type or print)

SSN: _____ Date of Birth: _____

Last Name: _____ Suffix: _____

First Name: _____ Middle: _____

Maiden Name: _____ Gender: Male Female

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (_____) _____ Home Mobile

Primary E-mail address: _____

Secondary E-mail address: _____

This page is not required for individuals applying for a Rank Change based on completion of National Board or the Continuing Education Option.

If you did not complete an approved program of preparation at a regionally accredited college or university, but hold a valid teaching certificate from another state issued through transcript evaluation or an alternative preparation program, contact the Division of Educator Licensure and Quality at KDElicensure@education.ky.gov to request an Out of State Alternate Route Program Verification Form to be used in lieu of this page

STOP HERE

Forward this page to the certification officer at the college or university where you completed your preparation program.

SECTION V. Certificate or Rank Change Recommendation
(TO BE COMPLETED BY THE PREPARATION COLLEGE OR UNIVERSITY CERTIFICATION OFFICER)

A. TYPE OF CERTIFICATE REQUESTED – check all applicable

- Statement of Eligibility Rank Change Addition of new area Other _____
- Completion of Alternative Route program Initial certificate based on out of state program

B. Recommendation

Program Completed (include grade level and subjects)	Date Program Completed (MM/DD/YY)

C. Student Teaching (see instructions, Item C)

(1) Grade Level _____ Subject _____ (2) Grade Level _____ Subject _____

D. Program Approval and Accreditation Status

- Is the institution regionally accredited? Yes No
- Are the programs listed above state approved? Yes No
- Is the institution NCATE accredited? Yes No

E. PRAXIS II Scores: **All scores must be reported electronically to the EPSB.**

- I verify that our institution has received passing scores for all KY required assessments and recommend a rank change or the issuance of a certificate as indicated above **OR**
- I verify completion of the above listed out of state program

College or University: _____ Telephone number: (_____) _____

Signature and Title: _____ Date: _____

INSTRUCTIONS

Section V. Certificate or Rank being recommended

A. Certificate Type

Indicate the type of certificate or change requested. You may mark more than one selection.

B. Kentucky College or University Educator Certification Officers

Please use the most recent certification codes used by the Division of Educator Licensure and Quality. Indicate the certificate type or rank corresponding to the approved program completed by the applicant at your institution and the date on which all program requirements were met.

Educator Certification Officers Outside Kentucky

Indicate approved program(s) completed by the applicant at your institution including the grade levels of the certification. List only programs that have been approved for certification by the appropriate state authority (i.e. state department of education or standards board). Indicate the date(s) on which all program requirements were completed

C. Student Teaching

Indicate the grade level(s) of the student teaching completed. For middle grade or secondary teachers, also list the subject(s). Please include field experience requirements in lieu of student teaching for alternative preparation programs.

D. Program Approval and Accreditation Status

Please indicate whether each program for which recommendation is being made is approved by the certification authority in your state for certification purposes. Also indicate whether your institution is regionally accredited and if your institution is accredited by the National Council for Accreditation of Teacher Education (NCATE). This information is essential for processing out of state applications.

E. PRAXIS II Assessment requirements: All scores must be reported electronically to the EPSB

Note: Applicants for a teaching certificate who have completed two (2) years of acceptable full-time or half-time (.5) teaching experience at that grade level and content area for which teacher certification is requested, will be exempted from the PRAXIS II and Principles of Learning and Teaching (PLT) tests and from the Kentucky Teacher Internship Program (KTIP). **Teaching experience is not acceptable if not earned on a full state certificate.**

Initial certification for school principal requires successful completion of the following two (2) assessments: (1) School Leaders Licensure Assessment, and (2) Kentucky Specialty Test of Instructional and Administrative Practices.

Testing requirements for principalship certification **cannot** be waived for in-state applicants.

Scores on tests completed five (5) or more years prior to application **will not** be accepted.

RETURN THE COMPLETED APPLICATION AND OFFICIAL TRANSCRIPTS TO THE FOLLOWING ADDRESS:

KENTUCKY DEPARTMENT OF EDUCATION
Division of Educator Licensure and Quality
300 Sower Blvd., 5th Floor
Frankfort, Kentucky 40601

RANK (for salary purposes) as established in KRS 161.1211

- | | |
|----------|--|
| Rank I | <ul style="list-style-type: none"> • 30 semester hours of approved graduate credit in addition to Rank II; • 60 semester hours of approved graduate credit including a master's degree; • National Board for Professional Teaching Standards Certification; or • The Kentucky Continuing Education Option |
| Rank II | <ul style="list-style-type: none"> • Master's degree to: Enhance the professional competency of the initial teaching certification, add a certification area not covered by the initial certificate, or advance professional to a higher position; • A 32 semester-hour non-degree Education Planned Fifth-Year Program (graduate level); or • The Kentucky Continuing Education Option |
| Rank III | <ul style="list-style-type: none"> • Bachelor's Degree leading to a provisional teaching certificate |