



Denise Juneau, Superintendent
 Montana Office of Public Instruction
 PO Box 202501
 Helena, Montana 59620-2501
 www.opi.mt.gov
 ATTN: Educator Licensure

Update Form

Class 2 Standard Teaching License to Class 1 Professional Teaching License

USE THIS FORM WHEN THE FOLLOWING CONDITIONS EXIST:

- You hold an active, Class 2 Montana Standard Teaching License; *and*
- You have completed a master’s degree, *and*
- You can verify 3 years of successful teaching experience.

SECTION I: Educator Information

Last Name		First Name		Middle Name		Former Name(s)	
Mailing Address (Street, RFD, PO Box)			City		State	ZIP	E-Mail Address
Folio Number	Last 4 digits of SSN:	Date of Birth	Home Phone		Work Phone		

SECTION II: Verification of Requirements Met:

<p>1. Official transcript verifying your Master’s degree;</p> <p style="text-align: center;"><i>Official transcripts may be sent from your university directly to OPI.</i></p> <p style="text-align: center;"><i>Photocopies, official grade reports or internet-based grade reports will not be accepted.</i></p>	<input type="checkbox"/> Enclosed <i>or</i> <input type="checkbox"/> Coming from University
<p>2. Verification of Education Experience form(s), completed by your employer(s).</p>	<input type="checkbox"/> Enclosed <i>or</i> <input type="checkbox"/> Coming from Employer(s)

SECTION III: Signature

Signature	Date
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NOTES:

No fee is required with this form.

The validation dates of your license do not change when updating from a Class 2 to a Class 1 license. Your Class 1 license will still expire on the same date your Class 2 license would have expired.

Please be sure to verify your new license once it is received for accuracy of endorsements and dates.



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Verification of Education Experience

INSTRUCTIONS & EXPERIENCE REQUIREMENTS

This form should be prepared and signed by the appropriate school official. The **current** appropriate administrator may sign this form based on personnel records. If you need to send this form to more than one district or if you need additional space, please make a photocopy of this form.

Class 1 Professional Teaching License Experience Requirements:

Three (3) years of successful teaching experience, the majority of which must have been obtained in a K-12 structure.

SECTION I: Candidate Information

Last Name		First Name		Middle Name		Former Name(s)	
Mailing Address (Street, RFD, PO Box)			City		State	ZIP	E-Mail Address
Folio No.	Social Security No		Date of Birth	Home Phone		Work Phone	

SECTION II A: Teaching Assignment

Dates of Employment: From: / To: /		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Please describe "Part Time":
Grade(s) taught	<input type="checkbox"/> Teacher <input type="checkbox"/> Other	Please explain "Other" or job-specific duties:		

SECTION II B: Administrative Assignment

Dates of Employment: From: / To: /		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Please describe "Part Time":
Grade(s)	<input type="checkbox"/> Administrator <input type="checkbox"/> School Psychologist	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Other	

SECTION III: Verification & Signature

I hereby affirm that this experience was: Satisfactory Unsatisfactory (please attach a letter of explanation)

Signature		Title	Date		
Printed Name			Phone Number		
School/District	Address		City	State	ZIP