



Montana Application for Class 5 Provisional School Counselor Licensure

| Requirements for Montana Class 5 Provisional licensure With School Counselor Endorsement |
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| 1. A Bachelor's Degree ARM 10.57.432 |
| 2. Verification from the accredited specialist program, of being within four course deficiencies of completing full requirements as outlined in ARM 10.57.435. A plan of study from an accredited specialist program verifying the applicant can meet the requirements for full licensure within 3 years and the applicant meets the program's admission requirements. ARM 10.57.424 |

Important Considerations:

- **You must submit a plan of study** with your Class 5 application. Applications will not be evaluated until a **plan of study for an educator preparation program** has been submitted.
- **A Class 5 Provisional license is only allowed once during your career and is not renewable.** You must complete the requirements for full licensure within 3 years to be upgraded to full (Class 2) licensure.
- **For a Class 5 license with a school counseling endorsement you must be within 4 courses of completing your school counselling program. This must be verified on your plan of study by the college you are attending.**
- For questions regarding these considerations please call us at 406-444-3150

| 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. DO NOT SEND THE FINGERPRINT CARD TO THE OFFICE OF PUBLIC INSTRUCTION. | |
| I have included a copy of my valid out of state license. (If applicable) | |
| I have included a plan of study the college or university where I plan to complete my school counseling program | |

| | |
|--|--|
| <p>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 https://apps3.opi.mt.gov/SSO/Login/Login.aspx</p> | <p>All documents must be mailed to:</p> <p>Montana Office of Public Instruction Attn. Educator Licensure PO Box 202501 Helena, MT 59620</p> |
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Class 5 School Counselor 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.

| | | | | | |
|---|-------|---|--|---|--|
| 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 | |

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.

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

Character and Fitness Information

| | | |
|---|--|--|
| Last Name | First Name | MI |
| 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. | | <input type="radio"/> Yes <input type="radio"/> No |
| State or Jurisdiction | Type of License | Certificate or License Number |
| | | |
| 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. | | <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"/> Reprimand | <input type="radio"/> Denial | <input type="radio"/> Revocation |
| | | <input type="radio"/> Failure to Renew |
| | | <input type="radio"/> Cancellation |
| 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. | | <input type="radio"/> Yes <input type="radio"/> No |
| 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. | | <input type="radio"/> Yes <input type="radio"/> No |
| 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. <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. | | |
| Taxpayer ID Number, Social Security Number or Canadian ID | | |
| <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> | | |
| Signature: | | Date: |
| 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) | | <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.

| | | | |
|---------------------------|--|------------------------------|--|
| Name of applicant: | | | |
| Date of Birth | | Last 4 numbers of SSN | |

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)



Attachment 1: Plan of Study For School Counselors

| This form must be prepared and signed by the appropriate official from the college or university where your school counselor program will be completed. | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|--|----------------|--|--------------|---------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Candidate Information: | | | | | | | | | | | | | | | | | | | | |
| 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 school counseling 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 School Counselor Program | <input type="radio"/> CACREP <input type="radio"/> State Approved Program <input type="radio"/> Other Please describe _____ | | | | | | | | | | | | | | | | | | | |
| 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 verify that the candidate above is within four course deficiencies of completing the full requirements for completion of his/her school counseling program. Please list the course deficiencies below: | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Course Title</th> <th style="width: 30%;">Course Number</th> <th style="width: 35%;">Dates Available</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | | Course Title | Course Number | Dates Available | | | | | | | | | | | | |
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| 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.