



Requirements for Montana Class 4 Career and Technical Educator licensure

1. There are three different types of Class 4 licenses:

Class 4A: issued to individuals holding a valid Montana teaching license, but without an appropriate career and technical education endorsement;

Class 4B: issued to individuals with at least a bachelor's degree, but who do not hold a valid Montana teaching license with the appropriate career and technical education endorsement;

Class 4C: issued to individuals who hold at least a high school diploma or high school equivalency (GED) diploma and meet the minimum requirements for endorsement.

Important Considerations:

- **You must be able to document at least 10,000 hours of work experience in the endorsement area you are applying for.** Acceptable documentation of relevant work experience is determined by the Superintendent of Public Instruction and may include, but is not limited to:
 - (a) work experience completed and verified by previous employers, to include a detailed description of the duties performed during employment;
 - (b) for self-employed individuals, examples of projects completed, letters of verification from clients or customers, profit and loss statements demonstrating the viability of the business or self-employment;
 - (c) verification of teaching experience in the area requested for endorsement, accompanied by verification of substantial work experience in the area requested for endorsement; or
 - (d) certificates of completion of appropriate technical programs or related college degrees and coursework, and industry certification (e.g., ASE, AWS).
- **For health science education or computer information systems, an alternative to the above requirement of 10,000 hours of work experience may be substituted as approved by the Superintendent of Public Instruction as follows:**
 - (a) hold a Class 1 or 2 license with an endorsement in health or any of the science areas;
 - (b) verification of participation in or completion of an approved internship program in a medical setting; and completion of coursework in human biology, anatomy, and physiology; or
 - (c) current professional license or certificate in a related health occupation field;
- **For computer information systems an individual may provide verification of completion of an approved technical program in a recognized training institution and hold a professional license or recognized industry standard certificate.**
- 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 \$30 per license applied for and a one-time filing fee of \$6. (\$36 for one initial license, \$66 if applying for two licenses. Example: Class 1 and Class 3 both)

I have enclosed an official transcript or requested official transcripts be mailed to the Montana OPI from all institutions I have attended (**For Class 4A or 4B Applicants**).

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.

I have included a copy of my High School Diploma or GED (**Class 4C only**)

I have included all needed Verification of experience forms to document at least 10,000 hours of experience relevant to the endorsement I am applying for.

Important: Applications will not be processed until all required documents/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>**

All documents must be mailed to:
**Montana Office of Public Instruction
Attn. Educator Licensure
PO Box 202501
Helena, MT 59620**



Class 4 Career and Technical Educator License 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):			Ethnicity:		
<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			<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

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	
Name High School	City/State	Date of Graduation	GED earned	Date GED earned
<input type="radio"/> I did not graduate from High School		<input type="radio"/> N/A <input type="radio"/> Diploma enclosed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> N/A <input type="radio"/> Copy of GED Enclosed

Application for Endorsement

Please indicate which Class 4 license and endorsement you are applying for.

I am applying for the following license:	<input type="radio"/> Class 4A I hold a Montana Class 1 or 2 Educator License	<input type="radio"/> Class 4B I have earned a Bachelor's Degree or above	<input type="radio"/> Class 4C I have graduated from High School or earned a GED
Industrial, Manufacturing, and Engineering Systems	<input type="radio"/> Auto Body	<input type="radio"/> Electronics	
	<input type="radio"/> Automotive Technology	<input type="radio"/> Heavy Equipment Operations	
	<input type="radio"/> Aviation	<input type="radio"/> Industrial Mechanics	
	<input type="radio"/> Building Maintenance	<input type="radio"/> Machining	
	<input type="radio"/> Building Trades	<input type="radio"/> Metals	
	<input type="radio"/> Diesel Mechanics	<input type="radio"/> Small Engines	
	<input type="radio"/> Drafting	<input type="radio"/> Welding	
Agriculture, Food, and Natural Resources	<input type="radio"/> Ag Business, (Marketing, & Communications)	<input type="radio"/> Livestock Production	
	<input type="radio"/> Ag Mechanics	<input type="radio"/> Plant and Soil Sciences	
	<input type="radio"/> Horticulture		
Other Endorsement Areas	<input type="radio"/> Computer Information Systems	<input type="radio"/> Engineering	
	<input type="radio"/> Culinary Arts	<input type="radio"/> Graphic Arts	
	<input type="radio"/> Health Science Education	<input type="radio"/> Aviation	
	<input type="radio"/> Videography	<input type="radio"/> Stagecraft	

Relevant Work Experience

Please indicate all current/former employers who will be verifying relevant work experience related to the endorsement you have applied for.

Employer Name	City/State	Dates Employed	Job Title

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"/> Failure to Renew	<input type="radio"/> Other (please describe)
<input type="radio"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Revocation	<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 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: _____



<p>This statement must be prepared and signed by the <u>Employer</u> verifying your work experience. Please fill out the top portion and have your employers return the form to you. This form must be submitted along with your application for Class 4 licensure. One of these forms should be completed by each employer in order to verify at least 10,000 hours of work experience.</p>								
Employee Information:								
Last Name				First Name		MI		
Address					City			
State			Zip Code		Former Name(s)			
<p>The following information is to be completed by the applicants former/current employer for verification of relevant experience in the endorsement area.</p>								
Name of Employer								
City/State								
Position(s) held during period of employment								
Type of Employment		<input type="radio"/> Full Time		<input type="radio"/> Part Time		If Part time, please indicate number of hours per week _____		
Period of Employment		From ____/____/____ Month Day Year			To ____/____/____ Month Day Year			
Job Duties: Please describe in detail the duties required for the position held during the period of employment referenced above. Other supporting documents may be attached as needed. Please attach a position description if available.								
Name and title of the person completing this form								
Signature								
Address								
City				State		Zip Code		
Date			Email Address				Phone Number	



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.