



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

P.O. Box 202501
 Helena, MT 59620-2501
 (406) 444-3095
 (888) 231-9393
 (406) 444-0169 (TTY)
 opi.mt.gov

Reinstatement Application For Class 1, 2, 3, 4 and 6

Montana Educator Licensure Application Checklist	Completed
All sections of the application are completed and I have indicated the endorsement/endorsements that I previously held and want to reinstate.	<input type="checkbox"/>
I have signed and dated the bottom of the Character and Fitness Information page.	<input type="checkbox"/>
I have recited the oath in the presence of a licensed notary and signed the notary page.	<input type="checkbox"/>
I have submitted 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	<input type="checkbox"/>
I have enclosed a check or money order payable to Montana OPI for \$30 (per license type). CASH PAYMENTS WILL NOT BE ACCEPTED.	<input type="checkbox"/>

Important: Applications will not be processed until all required documentation/information has been received. It is your responsibility to check with our office to ensure that all materials have arrived.

You can review your application at <https://apps3.opi.mt.gov/SSO/Login/Login.aspx>

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:
Mailing Address:				
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, _____				
Please indicate what Class(es) of licensure you are reinstating (Check all that apply)	<input type="radio"/> Class 1 Professional Teaching <input type="radio"/> Class 3 Administrative <input type="radio"/> Class 6 School Counselor/School Psychologist		<input type="radio"/> Class 2 Standard Teaching <input type="radio"/> Class 4 Career/Technical Teaching	

Character and Fitness (answer all questions to avoid delays)

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, and 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 <i>against</i> 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"/> Previously Disclosed
<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 <input type="radio"/> Previously Disclosed
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. You may request a change, correction or update of your record from the FBI through FBI procedures set forth in Title 28, CFR 16.30 to 16.34. Note: <i>Most arrests and convictions show up on a background check even if purged or dismissed by a court.</i>				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed
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"/> Previously Disclosed
<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:

**Montana Educator Licensure
Notary Page**

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.

Name of Applicant: (Please print legibly)	
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_____
(Month) (Year)

By _____
(Print name of applicant)

Signature of Notary: _____

Printed Name of Notary: _____

Residing in the State of: _____ County of: _____

Commission Expires: _____

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.

Amended by the Certification Standards and Practices Advisory Council July 13, 2016

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 appropriate sections of the fingerprint card(s) with your personal information. 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

3. **Do not fold the completed fingerprint cards. Mail the completed fingerprint cards along with a check for \$27.25 payable to the Montana Department of Justice to the following address:**

Montana Department of Justice
PO Box 201403
Helena, MT 59620-1403

DO NOT MAIL YOUR FINGERPRINT CARDS TO THE OFFICE OF PUBLIC INSTRUCTION

The cards will be returned to you and your application for licensure will be delayed. The fingerprint cards must be sent to the Montana Department of Justice at the address above.

4. **You will need to complete a separate fingerprint based background report for both OPI and your school. OPI cannot share the results with your school and your school cannot share the results with OPI.**

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.