

APPLICATION CHECKLIST FOR BUILDING-LEVEL ADMINISTRATOR'S LICENSE (Principal, Special Education Director, Career Education Director)

1. If you are requesting an Initial Administrator's Certificate, the following must be submitted:

Application Form

Completed application for Missouri Building-Level Administrator's Certificate. Section V **must** be completed by the recommending college or university.

Original Transcripts

Original transcripts documenting the completion of the educational administration program must be submitted.

Praxis II Score Report

Original score report showing a passing score on the School Leaders Licensure Assessment (#1011) must be submitted.

NOTE: A fee is not required for this type of request.

2. If you are requesting an upgrade to a Transition Administrator's Certificate, the following must be submitted:

Application Form

Completed application for Missouri Building-Level Administrator's Certificate. Section IV **must** be completed by the employing Missouri school district.

NOTE: The Transition certificate is valid only for six years.

Original Transcripts

Original transcripts documenting a minimum of eight semester hours of coursework should be submitted if this option was chosen in Section IV.

NOTE: A fee is not required for this type of request.

3. If you are requesting a Career Administrator's Certificate, the following must be submitted:

Application Form

Completed application for Missouri Building-Level Administrator's Certificate. Section V **must** be completed by the recommending college or university.

Original Transcripts

Original transcripts showing the conferment of an Educational Specialist or Doctorate degree in educational leadership, curriculum & instruction, or literacy must be submitted.

Processing Fee of \$35 (for the Career Administrator's Certificate)

You may pay by credit card or e-check at

https://secure.collectorsolutions.com/csi_collections_portal_ui/interchange.aspx?CIID=lk3zm2he&STE=2

(copy and paste the address into your browser if needed)

You may pay by check or money order made payable to "Treasurer, State of Missouri."

Note: This fee is for processing your application and cannot be refunded.

Missouri requires proof of at least two years teaching experience in order to issue an administrator's license.

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE!

An incomplete packet can not be processed. Mail the complete application packet to:

Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>
573/751-0051

You can check the status of your application on our website at:

https://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
 EDUCATOR CERTIFICATION
 POST OFFICE BOX 480
 JEFFERSON CITY, MISSOURI 65102-0480
 (573) 751-0051

**APPLICATION FOR BUILDING LEVEL ADMINISTRATOR'S CERTIFICATE OF LICENSE TO TEACH
 (Principal, Career Education Director, and Special Education Director)**

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

\$35 Fee for Upgrading

- Credit Cards accepted at https://secure.collectorsolutions.com/csi_collections_portal_ui/interchange.aspx?CIID=lk3zm2he&STE=2
 (copy and paste the address into your browser if needed)
- Check or money order payable to "Treasurer, State of Missouri"

SOCIAL SECURITY NUMBER*	
CURRENT NAME (LAST, FIRST, MIDDLE)	
ALL MAIDEN/FORMER NAMES	
STREET ADDRESS	
CITY, STATE, ZIP CODE	EMAIL ADDRESS
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
PHONE NUMBERS	
H _____ W _____	

B. EDUCATION: List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees. (If additional space is needed, please attach sheets as necessary.)

COLLEGE/ UNIVERSITY	STATE	DATES ATTENDED		DEGREE
		FROM MO/YR	TO MO/YR	

IMPORTANT: Official transcripts listed in Part B must be received from schools before application is considered complete.

C. PROFESSIONAL CONDUCT (ALL questions must be answered)

Applicant is a new hire to this district and has applied for or received a new background/fingerprint clearance.
 His/her beginning contract date is/was _____.

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

D. SWORN AFFIDAVIT

I hereby attest that all information I am submitting is true and complete the best of my knowledge. I understand that any intentional misrepresentation of facts may result in denial or annulment of a license and that classification of statements on and with this attestation may be punishable by law. I authorize law enforcement agencies, courts, offices of prosecuting attorneys, and custodians of employment, school district, military, and licensure records to disclose to the Missouri Department of Education information from the records in their possession. I further authorize these agencies to permit the examination and to furnish copies of all records and other reports and the release of the records. I understand that the specific type of information to be disclosed includes reports of any kind of contained in my record file, regardless of their origin.

APPLICANT'S SIGNATURE	DATE
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TWO PAGE FORM

SECTION II: APPLICANT INFORMATION

*SOCIAL SECURITY NUMBER	DATE OF BIRTH
CURRENT NAME (LAST, FIRST, MIDDLE)	LIST ALL MAIDEN OR FORMER NAMES

SECTION III: PURPOSE OF APPLICATION

To be completed by applicant—please check the appropriate level of administrative certification. If requesting an initial or transition, a fee is not required.

I am requesting an Initial :	<input type="checkbox"/> Elementary (K-8)	<input type="checkbox"/> Secondary (7-12)	<input type="checkbox"/> Middle School (5-9) (cannot stand alone)	<input type="checkbox"/> Special Education Director (K-12)	<input type="checkbox"/> Career Education Director
(Section V must be completed by the designated recommending official from your college/university)					
I am requesting a Transition :	<input type="checkbox"/> Elementary (K-8)	<input type="checkbox"/> Secondary (7-12)	<input type="checkbox"/> Middle School (5-9)	<input type="checkbox"/> Special Education Director (K-12)	<input type="checkbox"/> Career Education Director
(Section IV must be completed by the designated school district official)					
I am requesting a Career :	<input type="checkbox"/> Elementary (K-8)	<input type="checkbox"/> Secondary (7-12)	<input type="checkbox"/> Middle School (5-9)	<input type="checkbox"/> Special Education Director (K-12)	<input type="checkbox"/> Career Education Director
(Section V must be completed by the designated recommending official from your college/university)					

SECTION IV: RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT

To be completed by the employing school district if applicant is upgrading from an Initial to a Transition certificate.

<input type="checkbox"/> Applicant has completed four (4) years of Department of Elementary and Secondary Education (DESE) approved administrative experience.		
<input type="checkbox"/> Applicant has developed and implemented a professional development plan that is on file with our district.		
<input type="checkbox"/> Applicant has participated in and successfully completed two years of district-provided mentoring.		
<input type="checkbox"/> Applicant has successfully participated in the yearly performance based principal evaluation program of this district.		
<input type="checkbox"/> Applicant has completed 120 contact hours of appropriate professional development and documented such hours with our district OR 8 semester hours towards an advanced degree program (official transcripts must be submitted).		
SIGNATURE OF SCHOOL OFFICIAL	DATE	SCHOOL DISTRICT
NAME/TITLE OF SCHOOL OFFICIAL	SCHOOL ADDRESS	
NAME/TITLE OF ASSIGNED MENTOR	SCHOOL TELEPHONE	
PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY		

SECTION V: To be completed if recommending applicant for an Initial or Career certificate.**A. INSTITUTIONAL RECOMMENDATION: Must be completed by the designated recommending official from the applicant's college/university**

The applicant has successfully completed our state-approved Educational Administration Program for:		
<input type="checkbox"/> Elementary Principal (K-8)	<input type="checkbox"/> Secondary Principal (7-12)	<input type="checkbox"/> Middle School Principal (5-9) (Initial cannot stand alone)
<input type="checkbox"/> Special Education Director (K-12)	<input type="checkbox"/> Career Education Director	
The applicant has successfully completed:		
<input type="checkbox"/> our state-approved educational administration program for initial certification.		
<input type="checkbox"/> a state approved EdS, EdD, or PhD in educational leadership, curriculum and instruction, or literacy. (required for Career certificate)		

AUTHORIZED EDUCATIONAL ADMINISTRATION SIGNATURE/TITLE	RECOMMENDING INSTITUTION	DATE
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B. STATE-APPROVED EDUCATIONAL ADMINISTRATION PROGRAM APPROVAL INFORMATION

FIRST YEAR STATE APPROVAL WAS GRANTED	DATE CURRENT STATE APPROVAL EXPIRES	
SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL	NAME OF INSTITUTION	AFFIX OFFICIAL STAMP OR SEAL HERE
PRINT/TYPE REGISTRAR'S NAME	ADDRESS OF INSTITUTION	
DATE	PHONE NUMBER	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.

ATTENTION UNIVERSITY OFFICIAL!

PLEASE RETURN THIS FORM TO EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.

DO NOT RETURN THIS FORM TO THE APPLICANT.

ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES!

<http://dese.mo.gov>