

APPLICATION CHECKLIST FOR SUPERINTENDENT'S CERTIFICATE

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

- Application Form**
Completed application for Missouri Superintendent's Certificate.
Section II must be completed by your school district. Section III **must** be completed by the recommending college or university.
- Original Transcripts**
Original transcripts documenting the completion of the educational administration degree program must be submitted.
- Praxis II Score Report**
Original score report showing a passing score on the School Superintendent's Assessment (#1020) must be submitted.

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

- Application Form**
Completed application for Missouri Superintendent's Certificate. Sections II & IV **must** be completed by the employing Missouri School District.
- 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: These fees are 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
 TEACHER QUALITY AND URBAN EDUCATION
 EDUCATOR CERTIFICATION
 PO BOX 480
 JEFFERSON CITY, MISSOURI 65102-0480
 (573) 751-0051

APPLICATION FOR MISSOURI SUPERINTENDENT'S CERTIFICATE

SECTION I: VITAL INFORMATION

A. VITAL INFORMATION

\$35 Processing fee for Upgrade
 Credit cards accepted at https://secure.collectorsolutions.com/csi_ecollections_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"
FOR UPGRADING TO A CAREER ADMINISTRATOR'S CERTIFICATE

*SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

EMAIL ADDRESS

DATE OF BIRTH

MALE FEMALE

PHONE NUMBERS
 H _____ W _____

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

B. EDUCATION (If additional space is needed, please attach sheets as necessary.) 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.

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	STATE	DATES ATTENDED		DEGREE
		FROM MO/YR	TO MO/YR	

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.

LEGAL SIGNATURE OF APPLICANT _____ DATE _____
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SECTION II: VERIFICATION OF EXPERIENCE (This section is to be completed by your school district official). Please send this application to that administrator, instructing him/her to complete SECTION II and return the form directly to you.

IMPORTANT NOTE TO THE ADMINISTRATOR	Please complete this section and return the form to the applicant. If you know of any reason this applicant should not teach in Missouri schools, please send a separate statement to: Department of Elementary and Secondary Education, Teacher Certification, PO Box 480, Jefferson City, MO 65102.			
The below-named individual was employed as an administrator in our school system as verified below.				
NAME OF SCHOOL SYSTEM				
SCHOOL ADDRESS		CITY	STATE ZIP CODE	
ADMINISTRATOR'S NAME (PLEASE PRINT OR TYPE)		ADMINISTRATOR'S POSITION	SCHOOL PHONE NUMBER	
ADMINISTRATOR'S SIGNATURE			DATE	
APPLICANT'S NAME	POSITION HELD	EMPLOYMENT DATES		TOTAL YEARS EXPERIENCE
		BEGINNING	ENDING	

SECTION III: Must be completed by the designated recommending official from the applicant's college/university

A. Required Competencies	Course Title	Course Number
Foundations of educational administration		
City school administration		
School supervision		
Curriculum construction		
Research and evaluation		
School finance		
School law		
School staff personnel administration		
School/community relations		
School plant design and operation		
Psychology and/or education of the exceptional child		

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	

SECTION IV: RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT

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

- Applicant has completed four (4) years of Department of Elementary and Secondary Education (DESE) approved district level administrative experience.
- Applicant has developed and implemented a professional development plan that is on file with our district.
- Applicant has participated in and successfully completed one year of district-provided mentoring.
- Applicant has successfully participated in the yearly performance based evaluation program of this district.
- 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

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.

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