

# Kansas State Department of Education

## Teacher Education and Licensure

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120 SE 10<sup>th</sup> Avenue, Topeka, KS 66612-1182 Phone: 785-296-2288 <http://www.ksde.org/cert/cert.html>

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### **To apply for an INITIAL KANSAS SUBSTITUTE LICENSE**

1. Complete the application form 5 through section IV.
2. Include a \$39.00 fee made payable to the Kansas State Department of Education. Money orders and cashier's checks are preferred. Personal checks are accepted. **DO NOT SEND CASH.**
3. Determine if you need to submit fingerprints by reviewing the Kansas Fingerprint Information on the back of this page. If fingerprints are needed, follow the instructions for submitting a fingerprint card.
4. If you have held a Kansas standard certificate or license (current or expired):  
\*Attach a photocopy of the certificate or license.
5. If this is your initial Kansas license:  
\*Attach a complete set of official transcripts; **AND**  
\*Form 5A must be completed and mailed to the licensure officer at the institution where you completed your teacher education program.
6. Mail the application, fee and all applicable supporting documents to: Teacher Education and Licensure, KSDE, 120 SE 10<sup>th</sup> Avenue, Topeka, KS 66612-1182. Processing fee cannot be refunded and does not guarantee a license will be issued.

### **To apply for RENEWAL of a KANSAS SUBSTITUTE CERTIFICATE**

1. Complete the application form 5 through section IV.
2. Include a \$39.00 fee made payable to the Kansas State Department of Education. Money orders and cashier's checks are preferred. Personal checks are accepted. **DO NOT SEND CASH. Do not combine this fee with the background fee if you are submitting fingerprints.**
3. Determine if you need to submit fingerprints by reviewing the Kansas Fingerprint Information on the back of this page. If fingerprints are needed, follow the instructions for submitting fingerprint cards.
4. A substitute certificate renewal requires 5 semester credit hours OR 100 inservice points awarded by a Kansas district. Attach an official inservice transcript and/or an official college/university transcript.
5. Mail the application, fee and all applicable supporting documents to: Teacher Education and Licensure, KSDE, 120 SE 10<sup>th</sup> Avenue, Topeka, KS 66612-1182. Processing fee cannot be refunded and does not guarantee a license will be issued.

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### Kansas Fingerprint Information

#### WHO NEEDS A BACKGROUND CHECK?

**Any applicant applying for an initial Kansas license OR any applicant whose Kansas certificate/license has been expired for more than six months.**

#### Fingerprint Card Instructions

Applicant: To meet the fingerprint requirement, you must fill out **ONE** fingerprint card as follows:

1. Enter your name (including aliases, **maiden**, previous married) complete mailing address, **social security number**, citizenship, date of birth, and personal information (sex, race, height, weight, eyes, hair, place of birth, date of birth.) The spaces for OCA, FBI, and MNU numbers may be left blank if you do not have one of those numbers. **Cards with missing or incomplete information will be rejected.**
2. Take the card to a qualified law enforcement agency and have them take your fingerprints. You must use the Kansas preformatted card (FBI, FD258). Some law enforcement agencies may take digital prints. If this application packet does not include a card and you need one, request one online at <http://www.ksde.org> Choose “educator” and then click on “licensure”. Under Quick Links, click on the link for a Fingerprint Card. You may also call 785-291-3678 to request a card.
3. Have at least one form of picture identification for the law enforcement agency. Sign the card in front of the law enforcement officer.
4. Place adequate postage on the envelope provided and give it to the law enforcement agency to use in submitting your fingerprints.
5. Request the law enforcement agency performing the fingerprinting process to mail the card along with your **\$44 background check fee** (check or money order made payable to KSDE) to the Kansas State Department of Education in the addressed envelope provided with the application packet. **DO NOT SEND CASH. The \$44.00 for the background check must be submitted as a separate payment from the \$39.00 application fee that is submitted with the application. Do not combine the background fee and the application fee!!!**
6. A card submitted without the background check fee of \$44 will not be processed. Bent or folded cards will not be accepted and a new fingerprint card will be mailed to you for prints to be taken again.
7. **A background check clearance is valid for six months.** Applications for certification/licensure submitted six months after the background check clearance is received will require a new fingerprint card for a new clearance.



### III. EDUCATIONAL INFORMATION

9.

- For an initial substitute license: List all coursework from all institutions attended.
- For renewal of a substitute certificate: List only institutions where renewal coursework was completed and/or indicate which USD you have earned inservice points through.

Name of College/University	State	Degree Information				Last Term of Attendance
		Type of Degree	MM/DD/YY Conferred	Major for Degree Earned	No Degree Earned at This Institution	

<b>I have earned inservice points from the following district(s):</b>	<b>USD name and #</b>
	<b>USD name and #</b>

10. For an initial substitute license: List the state approved education program that you completed:

\_\_\_\_\_

### IV. VERIFICATION STATEMENT

11. I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in the denial or revocation of my license.

_____ Signature of Applicant	_____ Date
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Include a **\$39.00 Application Fee** made payable to the Kansas State Department of Education. Money order or cashier's check preferred. Personal checks accepted.  
**DO NOT SEND CASH.**

*Mail to:* **Teacher Education and Licensure, KSDE, 120 SE 10<sup>th</sup> Avenue, Topeka, KS 66612-1182.**  
Processing fee **CANNOT** be refunded and does not guarantee a license will be issued.

## Completion of Approved Preparation Program(s) Verification by Institution

**TO THE APPLICANT:** Fill in the information on this page. Please print legibly or type. Submit to the Licensure Officer or Dean of Education of the institution where you completed your preparation program(s). They will complete the back and return to you in a sealed envelope.

<b>Social Security Number</b>
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<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Maiden Name</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Phone Number</b>
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<p><b>I hereby give my verifying licensing institution permission to release any and all information needed.</b></p>	
<hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;"><b>Signature of Applicant</b></p>	<hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;"><b>Date</b></p>

