

Commonwealth of Kentucky
EDUCATION PROFESSIONAL STANDARDS BOARD
Division of Certification, 100 Airport Road, 3rd Floor, Frankfort, Kentucky 40601
Telephone (502) 564-4606 (888) 598-7667 www.epsb.ky.gov

**APPLICATION FOR ADDING KENTUCKY CERTIFICATION,
ENDORSEMENT, OR EXTENSION (HIGHLY QUALIFIED PROVISION)**

Read instructions before completing application. Incomplete application will delay processing.

SECTION I. Record of Personal Information to be completed BY APPLICANT (type or print)

A. PERSONAL INFORMATION

SSN: _____ Date of Birth: _____
Last Name: _____ Suffix: _____
First Name: _____ Middle: _____
Maiden Name: _____ Gender: Male Female
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number (____) _____ Home Mobile
Primary E-mail address: _____
Secondary E-mail address: _____

\$50 FEE REQUIRED
Fee must be paid electronically or accompany this form. Payment Options:
 Money Order Cashier's Check E-pay
Make cashier's check or money order payable to:
KENTUCKY STATE TREASURER
**NO PERSONAL CHECKS OR CASH
ACCEPTED**
A \$10.00 processing fee will be retained for certificates that cannot be issued.

Ethnic Identification – Optional (check one)
 White, Non-Hispanic Black, Non-Hispanic
 Hispanic Asian or Pacific Islander
 American Indian Other

B. Certification Extension or Endorsement being requested:

High School Content: _____ Middle School Content: _____
 World Language: _____ Health Physical Education

C. Do you currently hold a valid Kentucky Teaching Certificate? YES NO

If "YES," list all areas in which you are certified and continue to Section II

Current certification content and grade range: _____

If "NO," stop here. You do not qualify for certification under this provision.

SECTION II. College Coursework

A. Do you have a declared major in the content area for which you are seeking certification?

YES NO

If yes, SKIP TO Section V. Provide documentation of assessments as needed.

If no, the applicant must qualify by obtaining a minimum of 90 points on the EPSB'S KY CA-HQ Index in Section III and IV of this form.

NAME: _____ SOCIAL SECURITY NUMBER: _____

Certification Requested: _____

(If applicant is requesting more than one certification addition, submit duplicates of this page.)

Applicant must have 90 points in Section III and IV below including any required assessments OR have a major in the content area and any required assessments to qualify for certification under the CA-HQ certification provision.

SECTION III. Coursework analysis

If applicant is using content coursework to qualify, submit pages 7 and 8 of this application to the EPSB-contracted college or university official for approval of content coursework.

Number of course credit hours approved via coursework analysis: x 3 points per credit

SECTION IV. KY CA-HQ Index

Record of teaching experience, professional development, achievements or awards, and assessments to be completed by applicant and verified by school superintendent.

A. Verification of TEACHING EXPERIENCE

TEACHING EXPERIENCE: Award 3 points per year for successful experience in an accredited public or private school **in the area of certification being sought** (maximum 45 points) NOTE: APPROPRIATE DOCUMENTATION MUST BE MAINTAINED ON FILE IN THE LOCAL SCHOOL DISTRICT. Experience must be earned relative to the specific content area, student population taught, and grade range served.

Number of years of teaching experience in content requested: x 3 points per year

B. Verification of PROFESSIONAL DEVELOPMENT

PROFESSIONAL DEVELOPMENT ACTIVITY: Award 5 points per documented professional development activity during the past 10 years **in the area of certification being sought** (maximum 45 points) NOTE: APPROPRIATE DOCUMENTATION MUST BE MAINTAINED ON FILE IN THE LOCAL SCHOOL DISTRICT.

Number of professional development events in content requested: x 5 points per event

C. Verification of ACHIEVEMENTS or AWARDS

ACHIEVEMENTS or AWARDS: Award 5 points for each achievement or award **in the area of certification sought.** (Maximum 35 points) NOTE: APPROPRIATE DOCUMENTATION MUST BE MAINTAINED ON FILE IN THE LOCAL SCHOOL DISTRICT.

Number of awards or achievements in content requested: x 5 points per event

D. Verification of ASSESSMENTS

ASSESSMENTS: Award 45 points for the successful passage of the required content assessment(s) **in the area of certification sought.** (Maximum 45 points) NOTE: SCORES MUST BE ON FILE WITH EPSB.

Name, number, and date of assessment(s)

Summary total of points for teaching experience, professional development, achievements or awards, and assessments:

NAME: _____ SOCIAL SECURITY NUMBER: _____

SECTION V. Superintendent Verification

I verify that the applicant currently is employed or has an offer of employment in his or her current certification area or in the certification area being sought or may be needed by the school district in the future for the area of certification being sought and that the points reported for teaching experience, professional development, achievements or awards, and assessments are accurate to the best of my knowledge.

Superintendent Signature: _____ **District:** _____ **Date:** _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

SECTION VI. Character and Fitness

A. If you have ever held, or currently hold a professional license, credential, or other document issued to you by any other jurisdiction other than Kentucky within the United States or abroad, enclose a copy of the certificate(s) and provide the following:

Type of Professional Certificate	State or Jurisdiction of Issuance	Issue Date	Expiration Date

B. Disclosure of Background Information

If you answer "yes" to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, court records, and any other information that explains the circumstances in detail.	YES	NO	Documentation Attached
1. Have you ever had a professional certificate, license, credential, or any document issued for practice denied, suspended, revoked, or voluntarily surrendered? If you have had a professional certificate, license, credential, or any other document issued for practice initially denied by a licensing body, but later issued, you must answer "yes."			
2. Have you ever been suspended or discharged from any employment or military service because of allegations of misconduct?			
3. Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of allegations of misconduct?			
4. Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
5. Have you ever been convicted of or entered a guilty plea, an "Alford" plea, or a plea of nolo contendere (no contest) to a felony or misdemeanor, even if adjudication of the sentence was withheld in Kentucky or any other state? For the purpose of this application, minor traffic violations should not be reported. Convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.			
6. Do you have any criminal charges pending against you?			
7. If you indicated "yes" to question #1 through #6, has the EPSB previously reviewed the information? _____ (Date of Review)			

I declare that I understand the standard for personal and professional conduct expected of a professional educator in Kentucky. I further certify that I have read and examined the Professional Code of Ethics for Kentucky Certified School Personnel, 16 Kentucky Administrative Regulation 1:020, understand its provisions, and agree to abide by its terms during the course of my career as a professional educator.

SIGNATURE: _____ **DATE:** _____

Section VII. Affirmation

I affirm and declare that all information given by me on this application is true, and correct, and complete to the best of my knowledge. I understand that any misrepresentation of facts, by omission or addition, may result in the denial or revocation of my teaching certificate. Further, I understand that KRS 161.120 provides that a teaching certificate may be revoked at any time upon determination that false information was presented toward obtaining a teaching certificate.

SIGNATURE: _____ **DATE:** _____

**PROFESSIONAL CODE OF ETHICS
FOR
KENTUCKY SCHOOL PERSONNEL
16 KAR 1:020**

Section 1. Certified personnel in the Commonwealth:

- (1) Shall strive toward excellence, recognize the importance of the pursuit of truth, nurture democratic citizenship, and safeguard the freedom to learn and to teach;
- (2) Shall believe in the worth and dignity of each human being and in educational opportunities for all;
- (3) Shall strive to uphold the responsibilities of the education profession:

(A) To Students

- Shall provide students with professional education services in a non-discriminatory manner and in consonance with accepted best practice known to the educator.
- Shall respect the constitutional rights of all students.
- Shall take reasonable measures to protect the health, safety, and emotional well-being of students.
- Shall not use professional relationships or authority with students for personal advantage.
- Shall keep in confidence information about students which has been obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.
- Shall not knowingly make false or malicious statements about student or colleagues.
- Shall refrain from subjecting students to embarrassment or disparagement.
- Shall not engage in any sexually related behavior with a student with or without consent, but shall maintain a professional approach with students. Sexually related behavior shall include behaviors as sexual jokes; sexual remarks; sexual kidding or teasing; sexual innuendo; pressure for dates or sexual favors; inappropriate physical touching, kissing, or grabbing; rape; threats of physical harm; and sexual assault.

(B) To Parents

- Shall make reasonable effort to communicate to parents information which should be revealed in the interest of the student.
- Shall endeavor to understand community cultures and diverse home environments of students.
- Shall not knowingly distort or misrepresent facts concerning educational issues.
- Shall distinguish between personal views and the views of the employing educational agency.
- Shall not interfere in the exercise of political and citizenship rights and responsibilities of others.
- Shall not use institutional privileges for private gain, for the promotion of political candidates, or for partisan political activities.
- Shall not accept gratuities, gifts or favors that might impair or appear to impair professional judgment, and shall not offer any of these to obtain special advantage.

(C) To the Education Profession

- Shall exemplify behaviors which maintain the dignity and integrity of the profession.
- Shall accord just and equitable treatment to all members of the profession in the exercise of their professional rights and responsibilities.
- Shall keep in confidence information acquired about colleagues in the course of employment, unless disclosure serves professional purposes or is required by law.
- Shall not use coercive means or give special treatment in order to influence professional decisions.
- Shall apply for, accept, offer, or assign a position or responsibility only on the basis of professional preparation and legal qualifications.
- Shall not knowingly falsify or misrepresent records of facts relating to the educator's own qualification or those of other professionals.

NAME: _____ SOCIAL SECURITY NUMBER: _____

FOR EPSB OFFICE USE ONLYCertification area Requested:

- Successful completion of PRAXIS SPECIALTY TEST (if applicable)
CODE: _____ SCORE: _____ DATE OF EXAM: _____
- Verification of Declared Major
- Minimum of 90 points on HOUSSE
 - Core Content Classes _____ Points (maximum of 87 points)
(_____ hours x 3 points = _____)
 - Teaching Experience _____ Points (maximum of 45 points)
 - Professional Development _____ Points (maximum of 45 points)
 - Achievements or Awards _____ Points (maximum of 35 points)
 - Assessments _____ Points (maximum of 45 points)

GRAND TOTAL POINTS: _____

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COLLEGE OR UNIVERSITY COURSEWORK ANALYSIS FOR ADDING KENTUCKY CERTIFICATION, ENDORSEMENT, OR EXTENSION (HIGHLY QUALIFIED PROVISION)

Read instructions before completing application. Incomplete application will delay processing.
 Send complete materials and required fee to any participating institution below.

SECTION VIII. College or University evaluating coursework – select one of the participating institutions below

Eastern Kentucky University Office of Teacher Admission & Certification 521 Lancaster Avenue, Combs 423 Richmond, KY 40475	Morehead State University Teacher Certification Office 801 Ginger Hall Morehead, KY 40351	Murray State University Teacher Education Services 2101 Alexander Hall Murray, KY 42071-3340
Northern Kentucky University BEP 230 Nunn Drive Highland Heights, KY 41099	Western Kentucky University Office of Teacher Certification 1906 College Heights Blvd., #61031 Bowling Green, KY 42101-1031	

SECTION IX. Record of Personal Information to be completed BY APPLICANT (type or print)

A. PERSONAL INFORMATION

SSN: _____ **Date of Birth:** _____
Last Name: _____ **Suffix:** _____
First Name: _____ **Middle:** _____
Maiden Name: _____ **Gender:** Male Female
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone Number (_____) _____ Home Mobile
Primary E-mail address: _____
Secondary E-mail address: _____
Current Certification Area(s): _____

\$96 FEE REQUIRED

Fee must accompany this portion of the application when submitted to the College or University.

Payment Options:

Money Order Cashier's Check

Make cashier's check or money order payable to the College or University selected above

NO PERSONAL CHECKS OR CASH ACCEPTED

SECTION X. Record of Preparation

List all courses to be considered for analysis. Indicate the type of documentation attached. You may request evaluation of up to two (2) content areas via this form.

Requested Certification Content Area 1: _____ Grade level: _____

Course Number and Title	Hours	University Attended	Transcript	Please check if attached			Hours Approved (Office Use Only)
				Catalog Description	Course Syllabus		
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
TOTAL (Completed by staff)							_____

Applicant Notes: (attach additional sheet if necessary)

NAME: _____ SOCIAL SECURITY NUMBER: _____

COLLEGE OR UNIVERSITY COURSEWORK ANALYSIS P.2

Requested Certification Content Area 2: _____ Grade level: _____

Please check if attached

Course Number and Title	Hours	University Attended	Transcript	Catalog Description	Course Syllabus	Hours Approved (Office Use Only)
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL (Completed by staff)						<input type="checkbox"/>

Applicant Notes: (attach additional sheet if necessary)

SECTION XI. Affirmation

The information submitted is accurate to the best of my knowledge. Supplying inaccurate or false information would constitute a violation of the Code of Ethics and could result in action against my certificate. Further, I understand that submitting materials and paying the fee is for analysis of transcripts and does not guarantee acceptability of submitted courses.

Applicant's Signature: _____ Date: _____

SECTION XII. TO BE COMPLETED BY EPSB-CONTRACTED UNIVERSITY OFFICIAL.

Staff Comments and Rationale:

Certification Area 1: _____ Hours: _____ Certification Area 2: _____ Hours: _____

I verify that the official transcripts were reviewed and verify core content classes and credit hours in the area(s) in which certification are being sought. The College or University, operating as an agent for EPSB has conducted a transcript analysis for the candidate and does not verify or endorse a candidate's skills, knowledge or dispositions for teaching.

College or University: _____ Signature & Title _____

Telephone Number: (____) _____

CC: EPSB Originals
Candidate-Copy of pages 7&8 of CA-HQ
File Copy of pages 7&8 of CA-HQ

University Seal