



Date Received: _____
Received By: _____

**Application to Teacher Education Programs**

**Additional Endorsement for Certified Teachers**

As evidence of my preparation for admission, I have met with my advisor and received approval to submit the following documents:

**Requirements for Admission:**

Endorsement Program - *Content Area(s)*: \_\_\_\_\_

- Completed Program Sheet for endorsement program signed by advisor(s).
- Release of Information Form (*in packet*).
- Complete Criminal History Background Request and the Fingerprint Card with a \$27.25 check attached made payable to "The Montana Department of Justice" (*in packet*). *If you have completed one recently, you may use those records as long as it is no more than 18 months old.*

**Application Instructions**

**Complete and submit this application:** You have the obligation to complete, sign, and have notarized all portions of this application prior to consideration for acceptance into the MSU-N Teacher Education Program.

**Complete and submit a "fingerprint card" and declaration:** An official law enforcement agency must take the fingerprints and complete the associated *Declaration*. The FBI will return cards with unclear or incorrectly taken fingerprints. The agency conducting the service may charge a fee.

**Background Check Processing Fee:** A \$27.25 check or money order made out to the *Montana Department of Justice* must accompany the completed application, *Declaration*, and fingerprint card. Any fee made payable to any entity other than the *Montana Department of Justice* will be returned to you and your application will be delayed. No part of the fee goes to MSU-Northern or the Montana Office of Public Instruction.

**Signatures**

_____ Applicant's Signature	_____ Applicant's Banner ID Number	_____ Date
_____ Applicant's Name	_____ Applicant's Address	
_____ Applicant's E-mail	_____ Applicant's Phone Number	
_____ Advisor's Signature	_____ Advisor's Name	_____ Date



**MONTANA STATE UNIVERSITY**  
**NORTHERN**  
DEPARTMENT OF EDUCATION

**Declaration**

This form is to be completed by the agency taking the fingerprints, and is intended to confirm that valid identifications (i.e. a driver's license or other type of photograph identification) were presented at the time fingerprints were taken. It is not intended that the confirming agency validate or affirm the authenticity of either the identification card or the identity of the person.

---

Name of Agency

Phone Number

---

Address

City

State

Zip Code

I (name of person taking fingerprints), \_\_\_\_\_, state that on this day, I prepared the attached fingerprint card for (name of person fingerprinted) \_\_\_\_\_, a person who appeared before me and displayed to me the following form of identification:

---

Type of Identification

Identification Number

which identification contained his or her name and that which appeared to be his or her photograph.

I declare under penalty of perjury that the foregoing is true.

---

Signature

Date



**MONTANA STATE UNIVERSITY  
NORTHERN**  
DEPARTMENT OF EDUCATION

**How to fill out your fingerprint cards correctly**

**Your fingerprint card(s) must be filled out completely. Incomplete cards will be rejected.**

All items in **PURPLE** must be filled in.

Fill out all **RED** boxes that pertain to you.

Items in **GREEN** must appear exactly as shown below.

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		OR I		DATE OF BIRTH DOB	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX	RACE	HGT	WGT
EMPLOYER AND ADDRESS		REASON FINGERPRINTED		YOUR NO. OCA		FBI NO. FBI		EYES	
Montana State University-Northern Box 7751 Havre, MT 59501		MSUN Teacher Education Candidate NCPA/VCA		ARMED FORCES NO. MNI		SOCIAL SECURITY NO. SOC		HAIR	
				MISCELLANEOUS NO. MNU		PLACE OF BIRTH POB		LEAVE BLANK	
						CLASS			
						REF.			

**EXAMPLE**

1. R. THUMB      2. R. INDEX      3. R. MIDDLE      4. R. RING      5. R. LITTLE

**DO NOT**

6. L. THUMB      7. L. INDEX      8. L. MIDDLE      9. L. RING      10. L. LITTLE

**USE**



**MONTANA STATE UNIVERSITY**  
**NORTHERN**  
 DEPARTMENT OF EDUCATION

**Release of Information Form**

As a Field Practicum Candidate, I, \_\_\_\_\_, authorize the release of all pertinent information to any potential or established field placement site (Districts or Schools and their respective personnel). The information released may be written or verbal and may include, but is not limited to, my contact information (address, phone, email), academic performance (transcripts), Professional Resume, Philosophy of Education, or other information as requested by the placement site.

**Signatures**

This document is effective until revoked in writing by me.

_____	_____	_____
Candidate's Full Address	City, State, Zip Code	Birth Date
_____	_____	_____
Candidate's Email Address	Candidate's Telephone Number	Banner ID#

**Your signature must be notarized.**

(Sign in front of a Notary Public) \_\_\_\_\_  
 Candidate's Signature

\_\_\_\_\_  
 Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary's Signature



**MONTANA STATE UNIVERSITY  
NORTHERN  
DEPARTMENT OF EDUCATION**

**Self Disclosure and Informed Consent**

Candidate's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

As a candidate applicant for Montana State University-Northern's Teacher Education Program, Department of Education policy requires you to obtain a current fingerprint-based national criminal history background check at both Level I and Level II application (background checks older than 12 months will not be considered). Department of Education policy will not permit candidates to participate in Field Practicum or Student Teaching activities until the background check has been completed and the results have been received and reviewed. You are entitled to obtain a copy of the background check report, and challenge the accuracy and completeness of any information contained therein, if denied admittance due to report contents.

Section 20-4-11 of Montana Code Annotated (Montana School Law) gives the Board of Public Education the authority to suspend, revoke or deny licensure of any person who (A) has been convicted of a crime more serious than a traffic violation, (B) makes any statement of material fact in the application for a license which the applicant knows to be false, (C) has been denied, had revoked, suspended, or has surrendered a teacher or specialist license or certification in another state, or (D) is guilty of immoral conduct related to the teaching profession. Conviction, including conviction following a plea of nolo contendere (a conviction in which the sentence is suspended or deferred) or any other adjudication treated by the court as a conviction, may be considered by the Office of Public Instruction in the licensure process if the conviction was for a sexual offense, a crime involving violence, the sale of drugs, or theft, or any other crime meeting the criteria of Title 37, Chapter 1, Part 2, MCA.

A "yes" answer on one or more of the questions that follow will not necessarily eliminate you as a candidate for Montana teacher licensure. This form is designed to serve as an initial screening device to identify candidates from whom further information is needed. Your signature must be notarized.

- \_\_\_\_ Yes    \_\_\_\_ No    1. Have you ever been arrested or convicted of a misdemeanor other than a traffic violation?
- \_\_\_\_ Yes    \_\_\_\_ No    2. Have you ever been arrested, indicted, or convicted of a felony charge?
- \_\_\_\_ Yes    \_\_\_\_ No    3. Have you ever been denied admission to a teacher education program?
- \_\_\_\_ Yes    \_\_\_\_ No    4. Have you ever been removed from a teacher education program?
- \_\_\_\_ Yes    \_\_\_\_ No    5. Have you ever had a teaching certificate denied or revoked in any state?

***If you respond "Yes" to questions 1-2, you must complete the Disclosure of Information Form (one per incident.)  
If you respond "Yes" to questions 3-5, you must complete the Removal or Denial of Admission to Teacher Education Program/  
Denial or Revocation of a Teaching License Form (one per incident.)***

**Oath:**  
I attest that the responses I have made to the above questions are true statements and I understand that falsification may be considered sufficient cause for my removal from the teacher education program or ultimate denial of my teaching license. I understand that a federal background check is required for admission to the Teacher Education Program at Montana State University-Northern. All information I have provided is accurate and I give the Department of Education the right to verify that information through a criminal background check (both state and federal). I understand that the results of the background check could lead to denial to admission and/or denial to participate in any field experiences. I give my permission to the MSU-N Department of Education to disclose the results of the criminal background check with other educational institutions, law enforcement agencies, courts, and/or state departments as deemed appropriate by the Department.

(Sign in front of a Notary Public) \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Name – typed, stamped, or printed)

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(SEAL)



