



# Application for Kansas Restricted Teaching License (Applicant Portion)

**FORM 9**

Teacher Licensure & Accreditation | Kansas State Department of Education | Landon State Office Building | 900 SW Jackson Street, Suite 106 | Topeka, Kansas 66612-1212 | Phone: 785-296-2288 | www.ksde.org

1. Social Security Number (no dashes, no spaces) \_\_\_\_\_ Verify Social Security Number (no dashes, no spaces) \_\_\_\_\_

Legal Name 2. (First) \_\_\_\_\_ 3. (Middle) \_\_\_\_\_ 4. (Last) \_\_\_\_\_

5. List all prior names (maiden, alias, previous married, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

6. Mailing Address \_\_\_\_\_

7. City \_\_\_\_\_ 8. State \_\_\_\_\_ 9. Zip Code \_\_\_\_\_

10. Birthdate (MM/DD/YYYY) \_\_\_\_\_

11. Gender  Male  Female

12. Ethnicity  Hispanic/Latino

13. Race

Asian

American Indian/Alaska Native

Black/African American

Native Hawaiian or Other Pacific Islander

White

(Please provide your email address(es) that will be active throughout the application process so that we may notify you of the changing status of your application)

14. Email Address 1 \_\_\_\_\_

15. Email Address 2 \_\_\_\_\_

16. Phone \_\_\_\_\_

17. Alternate Phone \_\_\_\_\_

18. Have you honorably served in any branch of the US Armed Forces, including the National Guard and Reserves?

a. Total years of active duty service in any branch of the US Armed Forces \_\_\_\_\_

b. Total years of national guard/reserve service \_\_\_\_\_

**Please read the following questions very carefully. Failure to accurately answer these questions or submit appropriate documents will delay the issuance of your license. Unless expunged, you are required to disclose both adult and juvenile offenses.**

19. a. Have you **EVER** been convicted of a felony?

NO  YES If yes, please attach a certified copy of the charging document and of the journal entry of conviction.

b. Have you **EVER** been convicted of **ANY** crime involving theft, drugs, or a child?

NO  YES If yes, please attach a certified copy of the charging document and of the journal entry of conviction.

c. Have you **EVER** entered into a diversion agreement or otherwise had a prosecution diverted after being charged with any felony or any crime involving theft, drugs, or a child?

NO  YES If yes, please attach a certified copy of the charging document, the diversion agreement, and the journal entry closing that case.

d. Are criminal charges pending against you in any state involving any felony or any crime involving theft, drugs, or a child?

NO  YES If yes, please attach a certified copy of the charging document.

e. Have you had a teacher's or school administrator's certificate or license denied, suspended, revoked or been the subject of other disciplinary action in any state?

NO  YES If yes, please indicate the action taken:  denied,  suspended or  revoked.

Which state(s)? \_\_\_\_\_

Please attach a copy of the documents regarding the official action taken.

f. Is disciplinary action pending against you in any state regarding a teacher's or administrator's certificate or license?

NO  YES If yes, please attach a copy of the official documents regarding the action pending against you.

g. Have you ever been disbarred or had a professional license or state issued certificate denied, suspended, revoked or been the subject of other disciplinary action regarding any profession in Kansas or any other state?

NO  YES If yes, please indicate the action taken:  denied,  suspended or  revoked.

Which state(s)? \_\_\_\_\_

Please attach a copy of the documents regarding the official action taken.

h. Have you ever been terminated, suspended, or otherwise disciplined by a local Board of Education for falsifying or altering student tests or student test scores?

NO  YES If yes, which district(s)? \_\_\_\_\_ When? \_\_\_\_\_

i. Have you ever falsified or altered assessment data, documents, or test score reports required for licensure?

NO  YES If yes, which state(s)? \_\_\_\_\_ When? \_\_\_\_\_



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20. Employing School District \_\_\_\_\_ 21. Verifying License Institution \_\_\_\_\_

22. List ALL colleges and universities where courses were taken in order of attendance.

State	Name of College/University	Degree (if earned)	Year Earned	Last Term of Attendance		Semester Hours Earned
				Term	Year	

23. I verify that I have not been enrolled in an alternative route program in Kansas and been dropped due to non-support of inadequate progress,

AND

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 the Kansas restricted license,

AND

I hereby give my employing school district and verifying licensing institution permission to release any and all information needed.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature of Applicant Name

\_\_\_\_\_  
Date

For the Restricted License application Form 9, return the completed application packet with all required materials and original signatures to the Licensure Officer of the sponsoring university.

**INCLUDE APPLICATION FEE:**

**\$65.00**

**Money order or cashier's check preferred. Personal checks accepted.** Made payable to the Kansas State Department of Education.

**DO NOT SEND CASH**

**MAIL TO:**

Teacher Licensure & Accreditation  
Kansas State Department of Education  
Landon State Office Building  
900 SW Jackson Str., Suite 106  
Topeka, KS 66612-1212

Processing fee **CANNOT** be refunded and does not guarantee a license will be issued. An incomplete packet will be returned unprocessed.

**The Kansas State Department of Education is no longer printing and mailing paper licenses**

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# Application for Kansas Restricted Teaching License (District Portion)

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USD Name and # \_\_\_\_\_

24. This individual has been hired and assigned to teach:

Subject Area	Course Name	# of Classes	Grade Level	School Name

## ASSURANCES

25. The candidate was provided and has completed a supervised practical training experience through collaboration with the teacher education institution. The practical training experience was delivered through the following methods:
- Mark all that apply:
- Seminar-web-based
  - Seminar-face-to-face
  - College coursework
  - K-12 classroom observation or participation
  - Other \_\_\_\_\_

26. We have collaborated with the teacher education institution regarding the approved program that the applicant will pursue and the on-site support the applicant will receive.

27. A licensed teacher with a minimum of three years of experience is assigned to serve as a mentor to the applicant for the current school year (the mentor may change each year.)

Name of the mentor: \_\_\_\_\_

Teacher ID of the mentor: \_\_\_\_\_

28. I certify that the information on the application is true and complete to the best of my knowledge.

\_\_\_\_\_  
District Level Administrator and Position Title (please print)

\_\_\_\_\_  
District Level Administrator Signature

\_\_\_\_\_  
Date



# Application for Kansas Restricted Teaching License (Institution Portion)

Institution Name \_\_\_\_\_

29. List ALL colleges and universities where courses were taken in order of attendance.

State	Name of College/University	Degree (if earned)	Year Earned	Last Term of Attendance		Semester Hours Earned
				Term	Year	

30. The candidate qualified for the restricted licensure program based on:

- Having a earned degree in the content area. Major: \_\_\_\_\_
- Having the equivalent coursework to a degree in: \_\_\_\_\_
- Being a heritage language speaker in: \_\_\_\_\_

31. The candidate has a minimum of 2.75 grade point average on a 4.0 scale for the most recent 60 semester credit hours earned.

Grade points earned for the last 60 credit semester hours: \_\_\_\_\_

32. The candidate is applying for a restricted licensure with an endorsement in the area of: \_\_\_\_\_

33. The applicant has attained a passing score on the content assessment required by the state board of education.

Endorsement Code and Name	Test Number and Description	Test Score

## ASSURANCES

34. Our institution has on file a written plan of study for the applicant that can be completed within two years to qualify for full licensure in the endorsement area. The program provided meets the institution's approved professional education standards. The plan of study was provided to and agreed upon by the applicant and the employing school district.

35. The candidate was provided and has completed a supervised practical training experience with the collaboration of the hiring school district.

Mark all that apply:

- Seminar-web-based
- Seminar-face-to-face
- College coursework
- K-12 classroom observation or participation
- Other \_\_\_\_\_

36. We have collaborated with the hiring school district regarding the approved program that the applicant will pursue and the on-site support the applicant will receive.

37. I certify that the information on the application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Program Administrator and Position Title (please print)

\_\_\_\_\_  
Program Administrator Signature

\_\_\_\_\_  
Date