

**CHARACTER AND FITNESS**

*This form must be completed and submitted with each certification application to the Division of Certification, 100 Airport Road, 3<sup>rd</sup> Floor, Frankfort, KY 40601, (502) 564-4606; (888) 598-7667; www.kyepsb.net*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Telephone Number: \_\_\_\_\_  
 (Area Code)

Answer each question by circling "yes" or "no." If you answer "yes" to any question, you must submit a full explanation using a separate sheet of paper.

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

State or Jurisdiction \_\_\_\_\_ Certificate Number \_\_\_\_\_

Type \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Have you ever had a professional certificate, license, credential, or any document issued to you for practice denied, suspended, revoked, or voluntarily surrendered?  | Yes | No |
| 2. Are you currently being reviewed or investigated for purposes of such action as stated in #1 or is such action pending?  | Yes | No |
| 3. Have you ever been dismissed, resigned, released, or asked to resign/retire or discharged from a professional position or military service for immorality, incompetence, willful neglect of duty, misconduct, or presenting false information toward obtaining the position? | Yes | No |
| 4. Is any such action as stated in #3 pending?  | Yes | No |
| 5. Have you ever been convicted of a felony or misdemeanor (other than a moving traffic violation), been found guilty, or entered a plea of nolo contendere (no contest), even if adjudication was withheld, in Kentucky or any other state?                                    | Yes | No |
| 6. If you indicated "yes" to any items, #1 through #6, has that action been reviewed by the Education Professional Standards Board? _____   | Yes | No |
- (Date of Review)

I affirm and declare that all information given by me on this form 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.

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 CODE OF ETHICS applicable to school personnel, understand its provisions, and agree to abide by its terms during the course of my career as a professional educator.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EDUCATION PROFESSIONAL STANDARDS BOARD**  
**DIVISION OF CERTIFICATION**  
 100 Airport Road, 3<sup>rd</sup> Floor, Frankfort, KY 40601  
 (502) 564-4606; (888) 598-7667  
 www.kyepsb.net

**Request for a One-Year Certificate  
 for  
 Director of Pupil Personnel  
 as provided by 16 KAR 3:030**

**NAME** \_\_\_\_\_

**CERTIFICATE NUMBER** \_\_\_\_\_

**SCHOOL DISTRICT** \_\_\_\_\_

**Text of Regulation**

**Section 4**

If a qualified applicant for director of pupil personnel services is not available as attested by the local school superintendent, the superintendent, on behalf of the local board of education, may request a one-year probationary certificate for a director of pupil personnel services who meets the following qualifications:

- (a) A valid Kentucky classroom teaching certificate;
- (b) A master's degree;
- (c) Three (3) years of successful teaching experience; and
- (d) Admission to the preparation program for the professional certificate for director of pupil personnel services.

**Renewal**

Each annual renewal of the probationary certificate for director of pupil personnel services shall require completion of an additional nine (9) semester hours selected from the approved program.

**Implementation**

This request was approved by the local board of education at its meeting on:

\_\_\_\_\_ Date

\_\_\_\_\_ Superintendent's Signature