

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.kyepsb.net



APPLICATION FOR TEMPORARY PROVISIONAL CERTIFICATION

Please complete all requested information. Incorrect or missing information will delay processing.

SECTION I. RECORD OF PERSONAL INFORMATION AND PREPARATION TO BE COMPLETED BY APPLICANT (type or print)

A. PERSONAL INFORMATION

_____	_____	_____	
Social Security Number	E-Mail Address	Telephone Number	

Last Name	First Name	Middle or Maiden Name	

Mailing Address	City	State	Zip Code
_____			_____
Sex: Male or Female (Please circle one)			
Date of Birth	(Month/Day/Year)		

ETHNIC IDENTIFICATION – OPTIONAL (check one)

White, Non-Hispanic
 Black, Non-Hispanic
 Asian or Pacific Islander
 American Indian
 Hispanic
 Other

Are you a veteran of the United States Armed Forces or Reserves with at least six years of service?

Yes No

B. TYPE(S) OF CERTIFICATION REQUESTED

Temporary Provisional Certificate for: _____

Option 6 Option 7

C. COLLEGE ATTENDANCE RECORD

Attach an official transcript of all college or university credits not previously submitted

COLLEGE/UNIVERSITY	ADDRESS	DATES OF ATTENDANCE FROM TO	TOTAL SEMESTER HOURS OR DEGREES AWARDED

SECTION II. VERIFICATION OF EMPLOYMENT TO BE COMPLETED BY THE HIRING SCHOOL DISTRICT

Teaching/Administrative Assignment (subject and grade level): _____

I verify that the applicant currently is employed or has an offer of employment in the above assignment for the _____ school year and that a mentoring program has been / will be established to support the applicant.

Signed _____

Local School Superintendent School District 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.

SECTION III. CHARACTER AND FITNESS

This form must be completed and submitted with each certification application to the Division of Certification, 100 Airport Road, 3rd 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 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.

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 (page 2) 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:** _____

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SECTION IV. CERTIFICATE BEING RECOMMENDED (to be completed by the preparing college/university certification officer)

A. Type of Certificate:

Temporary Provisional Option 6 Option 7 Rank _____

B. Recommendation

Program (include grade level and subject(s))	Enrollment Status
_____	<input type="checkbox"/> Initial Enrollment
_____	Date: _____
_____	<input type="checkbox"/> Continued Enrollment – 1 st renewal
_____	<input type="checkbox"/> Continued Enrollment – 2 nd renewal (Teacher ONLY)

C. Testing and Internship

Praxis II Scores / PLT Score (OPTION 7 recommendations also must include required GRE scores)

* Tests must have been taken within the past five years
 * Tests must be passed prior to KTIP/KPIP year

TESTS	CODE #	SCORE	DATE OF EXAM Month/Day/Year

Note: When requesting Educational Testing Service (ETS) to forward your test scores, use code 7283 (Education Professional Standards Board)

Is the applicant ready to participate in KTIP/KPIP? Yes No
 If **YES**, complete page 5 and send a copy to the employing district. If **NO**, page 5 should not be utilized.

I verify the test scores listed above and recommend the issuance of a certificate as indicated above and that a mentoring program has been / will be established to support the applicant.

COLLEGE/UNIVERSITY	SIGNATURE AND TITLE	DATE
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NOTE: THE TEST SCORES PROVIDED AS PART OF THIS APPLICATION WILL NOT BE RELEASED IN ANY PERSONALLY IDENTIFIABLE FORM TO ANY OTHER PARTY WITHOUT OBTAINING WRITTEN CONSENT OF THE APPLICANT (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT 1974)

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SECTION V. INTERNSHIP NOTIFICATION – TO BE COMPLETED BY THE RECOMMENDING INSTITUTION

Candidate: _____

SSN: _____

District/School: _____

The above individual is a candidate in the alternative certification program at _____.
COLLEGE/UNIVERSITY

He/She is ready to begin the Kentucky Teacher Internship Program (KTIP) in _____.
MONTH YEAR

He/She is ready to begin the Kentucky Principal Internship Program (KPIP) in _____.
MONTH YEAR

His/Her area of certification area is: _____

COLLEGE/UNIVERSITY SIGNATURE AND TITLE DATE

Upon successful completion of KTIP/KPIP, the candidate should submit \$35 **AND** the appropriate EPSB form to apply for certification for subsequent years. (*TC-1* if they have completed their alternative route program; *TC-TP* if they are continuing in the alternative route program)

Please send a copy of this page to the appropriate district internship coordinator when submitting pages 1 – 4 to EPSB.