

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

**APPLICATION FOR TEMPORARY PROVISIONAL CERTIFICATION**

**SECTION I. Record of Personal Information and Preparation 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: \_\_\_\_\_

**Ethnic Identification – Optional (check one)**

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

Are you a veteran of the United States Armed Forces or Reserves with at least six (6) years of service?  Yes       No

B. TYPE OF CERTIFICATE REQUESTED

Alternative Route Program:  Option 6       Option 7       Option 8

Certification Area Requested: \_\_\_\_\_

C. COLLEGE ATTENDANCE RECORD – list all degree programs or coursework since certificate was last issued

Provide official Transcript

I verify that I have at least 6 new hours towards the completion of my certification program since my last renewal

College or University	Address	Dates of Attendance				Total semester hours or degrees awarded
		From M Y	To M Y			

For EPSB Use ONLY		
Rec.	N/A	Item
		Official BA Transcript
		Transcript showing 6 new hours
		Verification of Employment in area
		Recommendation Page showing enrollment
		Showing Approved in Admission and Exit data
		Mentoring Plan
		Test Scores on Screen
		KTIP Eligibility documented on recommendation page

**SECTION II. Verification of Employment – to be completed by the hiring school district**

Teaching or 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 established as per 16 KAR 9:080 to support the applicant.

Beginning Date of Employment: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

District Telephone number: (\_\_\_\_) \_\_\_\_\_

**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:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**SECTION III. Character and Fitness**

A. Applicants are required to submit a national and state criminal background check. The criminal background check shall be conducted within twelve (12) months prior to the date of the initial application for certification.

- I am an applicant for initial certification in Kentucky and I have submitted or will submit my national and state background check.

B. 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

**C. 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 IV. 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:** \_\_\_\_\_

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**Record of Personal Information to be completed BY APPLICANT (type or print)**

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

**STOP HERE**

**Forward this page to the certification officer at the college or university where you are completing your preparation program.**

**SECTION V. Certificate Recommendation  
(TO BE COMPLETED BY THE PREPARATION COLLEGE OR UNIVERSITY CERTIFICATION OFFICER)**

A. Type of Alternative Route Program

- Option 6     Option 7     Option 8

B. Recommendation

<b>Program (Must be consistent with employment)</b>

C. Program Enrollment Status

- Initial Enrollment – Enrollment Date \_\_\_\_\_     Copy of Mentoring Plan attached  
 Continued Enrollment – First Renewal     Copy of Mentoring Plan attached if not in KTIP this semester  
 I verify that the applicant has completed at least 6 hours towards the program since last issuance of TP certificate  
 Continued Enrollment – Second Renewal     Copy of Mentoring Plan attached if not in KTIP this semester  
 I verify that the applicant has completed at least 6 hours towards the program since last issuance of TP certificate

D. Internship Eligibility

Is the applicant ready to participate in KTIP or KPIP?  Yes  No  
If YES complete page 5 and send a copy to the employing district and a copy to KTIP staff at EPSB  
*Application for second renewal cannot be submitted if marked NO*  
If YES, will applicant participate in KTIP during the current semester?  Yes  No  
If NO, a mentoring plan must be submitted

**Passing scores on all required assessments must be on file prior to issuance of the second renewal. All scores must be reported electronically to the EPSB.**

I verify that our institution has received passing scores for all KY required assessments if applicable and recommend the issuance of a certificate as indicated above

College or University: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

Candidate: \_\_\_\_\_

SSN: \_\_\_\_\_

District and School: \_\_\_\_\_

The above individual is a candidate in the alternative certification program at \_\_\_\_\_  
COLLEGE or UNIVERSITY

- The teacher is ready to begin the Kentucky Teacher Internship Program (KTIP)
- The administrator is ready to begin the Kentucky Principal Internship Program (KPIP)

The individual's area of certification area is: \_\_\_\_\_

College or University: \_\_\_\_\_ Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Upon successful completion of KTIP or KPIP, the candidate should submit \$50 AND the appropriate EPSB form to apply for certification for subsequent years. (CA-1 if they have completed their alternative route program; CA-TP if they are continuing in the alternative route program)

**Please send a copy of this page to the appropriate district internship coordinator and to EPSB KTIP staff when candidate is eligible for the Internship.**