OFFICE OF QUALITY PROFESSIONALS AND SPECIAL SCHOOLS
Summary of State Board of Education Items
March 25 – 26, 2010

EDUCATOR LICENSURE

22. Approval to begin the Administrative Procedures Act process: To Approve a Change to the Licensure Guidelines for the Three - Year Interim Certificate to extend the license for Speech/Language Clinicians (215 license) and Emotional Disability (206) for One Additional Year

Background:

The Office of Educator Licensure is recommending a change to the current licensure guidelines for the Three-Year Interim Certificate for Speech/Language Clinician (215). The license is requested by the local school district on an emergency basis to fill a teaching position in which there is not certified candidate. The current Three-year Interim Certificate policy cannot be renewed. The Office of Educator Licensure is requesting the change because of the shortage of qualified Speech Clinicians.

All fields of Special Education remain the most critical areas to staff for our school districts. Each year, we have many districts that request emergency certification to fill vacancies in Special Education classes. Of the Special Education areas, Speech Pathology and Emotional Disability are the two most critical areas because certification for these both requires that candidates hold a masters degree in the subject. Masters programs in both Speech Pathology and Emotional Disability are extremely rare in our state and admission requirements are difficult. At this time, we have no provision in licensure guidelines for teachers that hold bachelor's degrees in these specialized areas to become certified. Because districts cannot find certified teachers to conduct these services, many districts must rely on emergency licensed teachers that hold at least a bachelor's degree and are working toward the masters.

Backup Material: Attached

Recommendation: Approval

One-Year Interim Certificate Renewal for Speech/Language Clinicians

Local District Request Application Packet

General Instructions

The One-Year Interim Certificate (IC) for Speech/Language Clinicians is a one-time request that allows school districts to request an additional year for their Speech/Language teachers on emergency licenses whose 3-year Interim Certificates have expired. Along with the request the district must submit a Plan of Action by which the teacher will show progress toward achieving certification within the one-year life of the license.

The One-Year Interim Certificate Renewal for Speech/Language Clinicians only request packet submitted to the Office of Educator Licensure must include the following documents:

1. Standard licensure application
2. Local District Request One–Year Interim Certificate Renewal for Speech/Language Clinicians Licensure Application
3. Local District Request Individualized Certification Plan (ICP) for Teachers To Obtain Standard Certification Form
4. Local District Verification of Contact with the Teacher Center Form
5. Submit official sealed transcript(s), original test scores, and/or other specified documents necessary for requested endorsement.
   Note: It is not necessary to resubmit transcript(s) or test scores that are already on file.

Please **MAIL or Deliver** completed packets to:
Office of Educator Licensure
Mississippi Department of Education
P. O. Box 771
Jackson, MS 39205-0771

Do Not Fax application packets. Incomplete/Faxed packets will be returned to the local school district with no action taken.

Licensure Application

(Must be **LEGIBLY** *completed and submitted with all licensure requests.)*

Applicant Information

Social Security Number: _____ _____ _____

Name _____ _____ _____
Last *First* *Middle/Maiden*

Address: _____ _____
Street/P.O. Box *Apt.#*

_____ _____ _____
City *State* *Zip*

Phone Number_____ Birthdate_____ Gender_____

Ethnicity: *(Ethnicity information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. Your cooperation in providing this information is appreciated.)*

☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Black—non-Hispanic
☐ White—non-Hispanic ☐ Hispanic ☐ Pacific Islander ☐ Other

Licensure Request

Class of license for which you are applying:

___A (Bachelor) ____AA (Master) ___AAA (Specialist) ____AAAA (Doctorate)

* *Note: Any license with a validity period less than 5 years is issued at the Class A level.*

Type of License (See *Licensure Checklist* for descriptive information.)

___Approved Program/Teacher Education Route
Subject Area (s): _____
___Alternate Route
Subject Area (s): _____
___Supplemental Endorsement Subject Area(s) _____
___Administrator License (Check level of license) ___Non-practicing ___Entry ___ Career
___Local District Request ***(Requested by Local District Only)*** ___One Year License ___3-yr Interim

___Duplicate
___Reciprocity
___Renewal
___Reinstatement

Military Experience
(Check, if applicable)
___Army
___USAF
___Navy
___USMC
___Reserve
___MSNG
___Coast Guard

Character Determination

Check "yes" or "no" to the left of each question. ****If yes, submit official copies of court record including disposition of case.***

___yes___no Are you currently addicted or currently dependent on alcohol?
___yes___no Are you currently addicted or currently dependent on other habit-forming drugs?
___yes___no Are you a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects?
___yes___no Have you been convicted, pled guilty, or entered a plea of *nolo contendere* to a felony as defined by federal or state law?*
___yes___no Have you been convicted, pled guilty, or entered a plea of *nolo contendere* to a sex offense as defined by federal or state law?*
___yes___no Have you had a certificate/license denied, suspended, and/or revoked by another state? Have you voluntarily surrendered a certificate/license?

****If you answered "yes" to any of the above, provide on a separate sheet of paper the specifics or an explanation for the response. If you elect not to provide specifics or if such an explanation is insufficient, a confidential investigation will be initiated.***

I acknowledge that securing or attempting to secure a license by fraud or deceit will result in denial of this application or suspension of the license.

Signature:_____ **Date**_____

LOCAL DISTRICT REQUEST
One -Year Interim Certificate Renewal for Speech Language Clinicians Only
LICENSURE APPLICATION

1. Social Security # _____

2. Name _____
Last *First* *Middle* *Maiden*

3. License # _____ 4. Degree(s) _____

5. Years of teaching-related experience _____

6. License Requested:
Endorsement Code: _____ Area (Descriptive Title) _____

Endorsement Code: _____ Area (Descriptive Title) _____

7. Special Education Request:
A. Type of Program (resource, self-contained, etc.) _____

B. Level of Instruction: Elementary _____ Secondary _____

C. Level of Disability (mild/moderate, severe, etc.) _____

8. Classes to be taught by individual filling this position:

	First Semester	Second Semester
Period 1	_____	_____
Period 2	_____	_____
Period 3	_____	_____
Period 4	_____	_____
Period 5	_____	_____
Period 6	_____	_____
Period 7	_____	_____

9. School District # _____ 10. District Phone # _____

11. Name and Address of School District _____
_____

12. Reasons for this request: _____

SUPERINTENDENT'S SIGNED STATEMENT

I, as superintendent of the above named school district, verify that there is not a highly qualified applicant available for the position for which this license is requested.

Action approved by the Board of Trustees of the School District: Date _____

Superintendent's Signature: _____ Date _____

LOCAL DISTRICT REQUEST
INDIVIDUALIZED CERTIFICATION PLAN (ICP) FOR TEACHERS TO OBTAIN HIGHLY QUALIFIED STATUS

ICP CHECKLIST FOR PLAN OF ACTION **This plan must be completed in collaboration with the superintendent/supervisor and candidate. Place a check next to the item(s) below that indicates how the candidate will obtain Highly Qualified status within the one-year validity period.*			
Yes	**No**	**N/A**	
			Candidate will complete Praxis I (One or All of the following: Reading, Writing, and Mathematics) Testing Requirements
			Candidate will complete Praxis II (Specialty Area Assessment) Testing Requirements
			Candidate will complete Praxis II (Principles of Learning and Teaching) Testing Requirements
			Candidate will enroll and complete the Master of Arts in Teaching Alternate Route Program
			Candidate will enroll and complete the Mississippi Alternate Path to Quality Teachers Alternate Route Program
			Candidate will enroll and complete the Teach Mississippi Institute Alternate Route Program
			Candidate will enroll and complete the Teach Mississippi Institute Online Alternate Route Program
			Candidate will enroll and complete additional coursework to equal to a minimum of 21 hours in order to receive an endorsement in a given area
			Candidate will obtain National Board Certification in the core academic subject the teacher is teaching in order to receive an endorsement in that area
			Candidate will enroll and complete a State Approved or NCATE Approved Program through a Regionally/Nationally Accredited College/University
			Candidate will enroll and complete a State Approved or NCATE Approved Master's Degree Program through a Regionally/Nationally Accredited College/University
			Candidate will enroll and complete a State Approved or NCATE Approved Educational Specialist Degree Program through a Regionally/Nationally Accredited College/University
			Special Requirements:

Signature of Superintendent/Supervisor

Signature of Prospective Educator

License Number (For Office Use Only)

LOCAL DISTRICT VERIFICATION
OF CONTACT WITH MISSISSIPPI TEACHER CENTER

It is important that school districts utilize recruitment resources to secure a highly qualified teacher before making this request. **The Mississippi Teacher Center** is one of these resources, and we strongly encourage school districts to take advantage of the Center's recruitment services. Collaboration made with this office is an essential component of the Exception Committee's review process. Therefore, please complete the following checklist by answering *yes or no* to the left of each statement.

A representative from my district has done the following:

____ **Yes** ____ **No** Reported vacancies consistently to the MS Teacher Center by the 5th of each month

____ **Yes** ____ **No** Attended the annual *Mississippi Career Fair for Educators*

____ **Yes** ____ **No** Contacted the MS Teacher Center for recruitment assistance

____ **Yes** ____ **No** Accessed the Mississippi Employment Database and contacted prospective educators through this on-line recruitment service

_____

Signature of Superintendent

_____

District

_____

Date

Additional Remarks: