

Application Packet for Admission to a University of Kentucky Advanced Level Educator Preparation Program

Application packets should be submitted to: Office of Academic Services and Teacher Certification, 166 Taylor Education Building, Lexington, KY 40506-0001
(859) 257-4112, e-mail: teb166@uky.edu

All applications to advanced educator preparation programs that are accredited and approved by the Kentucky Education Professional Standards Board must be reviewed and accepted by:

- 1) The Program Faculty that Governs the specific advanced level program
- 2) The UK Educator Preparation Unit, through the Office of Accreditation and Compliance, 166 Taylor Education Building.

Approved applications for candidates who are accepted into an advanced level education program at UK must be recorded with the Education Professional Standards Board in a timely manner.

Candidates whose approved applications have not been recorded with the EPSB cannot be recommended for the appropriate EPSB certification action upon completion of the program.

A complete application packet includes the following:

1. Completed Data Portion of this Page
2. Completed Character and Fitness Review Form
3. Completed Basic Information Form (pp 1 & 2)
4. Photocopy of Signed and Dated Curriculum Contract
5. Photocopy of Educator Certificate (License), if Active Public Educator

Date:

Candidate Last Name:

Candidate Middle Name:

Candidate First Name:

Candidate Birth Name:

Title of Educator Preparation Program:

Acknowledgement: I have applied for, and been approved for admission to the above UK Educator Preparation program which leads to an educator certification action by the EPSB. I acknowledge that UK will notify the Education Professional Standards Board of my admission to this program.

Candidate Signature _____ Date _____

Program Acknowledgement: The above candidate has been reviewed by the following Program Faculty at the University of Kentucky:

The candidate has been approved by the program faculty for admission to this program.

Program Faculty Representative

Signature _____ Date: _____

Character and Fitness Review

11/05/2014

Return to: Academic Services and Teacher Certification, College of Education, University of Kentucky
Lexington, KY 40506

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.

1. Have you ever held, or currently hold, a professional certificate, license, credential Yes No
or other document issued to you by any jurisdiction (other than Kentucky) within the United States or abroad?

If yes, please enclose a copy of the following:

State or Jurisdiction _____ Certificate Number _____

Type _____ Issue Date _____ Expiration Date

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

If you responded "no" to Questions 2-6, skip Question 7.

7. If you indicated "yes" to any of items #2 through #6, has that conviction been Yes No
reviewed by the Education Professional Standards Board?

(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: _____



Advanced Program Basic Information Form

Academic Services and Teacher Certification: College of Education; University of Kentucky;
166 Taylor Education Building; Lexington, KY 40506-0001; Phone (859) 257-4112

Today's Date:

Last Name: _____ **First Name:** _____ **Middle Name:** _____ **Birth Name:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **ZIP Code:** _____

Phone
 Permanent: _____ Work: _____ Other (Specify type: _____)
 () - _____ () - _____ () - _____

Gender: Female Male
Birthdate: _____

AD account. Example: AD\xxxxx: (This is your original UK email address.)

 UKID # (ex: 9#####): _____ SSN: _____
 (required for EPSB admission)

Ethnicity (OPTIONAL) (check only one):
 American Indian Asian or Pacific Islander Alaskan Native
 Black, Non-Hispanic Hispanic Mexican American or Chicano
 Puerto Rican White, Non-Hispanic Two or More

Citizenship
 U.S.A.
 Other
 Specify other: _____

Secondary Diploma (check one)
 U.S. High School GED Home Schooling Foreign (Country: _____)
Diploma State: _____ **Year:** _____ **High School:** _____ **High School City:** _____ **High School County:** _____

Academic History

- i. Please indicate all academic institutions you have attended **besides** the University of Kentucky.
- ii. Please indicate any **degrees** you have obtained **from** the University of Kentucky.

FULL NAME: _____

UK ID: _____

Institution Name: _____

City _____ **State** _____ **Country** _____

Attendance Dates From _____ **To** _____

Hours Completed _____ **GPA** _____ Undergraduate ___ Graduate ___ Mixed

Did you complete a degree? Yes ___ No ___

If yes, what type? Associate ___ Bachelor ___ Masters ___ Doctorate ___ Professional ___

Were you in a teacher certification program? Yes, completed ___ Yes, not completed ___ No ___

Subject Areas: _____ Major ___ Minor ___ Other ___

_____ Major ___ Minor ___ Other ___

_____ Major ___ Minor ___ Other ___

Institution Name: _____

City _____ **State** _____ **Country** _____

Attendance Dates From _____ **To** _____

Hours Completed _____ **GPA** _____ Undergraduate ___ Graduate ___ Mixed

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Subject Areas: _____ Major ___ Minor ___ Other ___

_____ Major ___ Minor ___ Other ___

_____ Major ___ Minor ___ Other ___

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Were you in a teacher certification program? Yes, completed ___ Yes, not completed ___ No ___

Subject Areas: _____ Major ___ Minor ___ Other ___

_____ Major ___ Minor ___ Other ___

_____ Major ___ Minor ___ Other ___

Attach additional pages, as needed.