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. Completed and Signed College of Education Student Acknowledgement of Licensure Disclosure
5. Photocopy of Signed and Dated Curriculum Contract
6. Photocopy of Educator Certificate (License), if Active Public Educator

Date:__________________________________________Date____________
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:____________

08/23/19
Character and Fitness Review

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

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Birth Name:</th>
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<tr>
<th>AD account. Example: AD\xxxxx: (This is your original UK email address.)</th>
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| UKID # (ex: 9############): ________________ SSN: ___________________________ |
| (required for EPSB admission)                                               |

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<tr>
<th>Ethnicity (OPTIONAL) (check only one):</th>
<th>Citizenship</th>
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<td>___Asian or Pacific Islander</td>
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<tr>
<td>___Black, Non-Hispanic</td>
<td>___Hispanic</td>
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<tr>
<td>___Puerto Rican</td>
<td>___White, Non-Hispanic</td>
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<tr>
<td>___U.S.A.</td>
<td>___Other</td>
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<th>Secondary Diploma (check one)</th>
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<td>_____GED</td>
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<td>_____Home Schooling</td>
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<td>_____Foreign (Country:</td>
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<th>High School:</th>
<th>High School City:</th>
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08/23/19
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
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
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 ___

Attach additional pages, as needed.

08/23/19
College of Education Student Acknowledgement of Licensure Disclosure

Educator preparation programs are designed to prepare students to pursue licensure in Kentucky. Out-of-state candidates who are certified teachers or initial certification candidates should be advised that the University of Kentucky cannot guarantee these programs will meet licensure, salary, advancement or other requirements in any other state or jurisdiction. The University of Kentucky is not approved by any other state board outside of Kentucky to provide licensure directly in that state.

All of our educator preparation programs at UK are nationally accredited, state approved, and lead to the appropriate certification in Kentucky. After completion of our approved programs, students will apply for a state-issued (Kentucky) educator license. In most cases, this will include a Kentucky educator license (certificate). The College of Education recommends obtaining a Kentucky license which can then be transferred to the state of choice by reciprocity in many cases. Please note that states may have additional requirements such as background checks, additional coursework, examinations, or experience requirements. Final decisions on licensure rests with the state licensure board upon individual application.

Instructions: Please read the following acknowledgment statements, sign in the signature box, and complete the information below.

1. I understand that a professional licensure or certification may be required to practice, advance, or specialize in the field my program prepares me for. This program meets the educational requirements in Kentucky and is approved by the Kentucky Education Professional Standards Board (EPSB).

2. I understand this program is intended to prepare students to pursue licensure in Kentucky. The University of Kentucky College of Education Teacher Preparation Programs are not approved by any other state board to directly prepare students for licensure in that state. While I may be able to apply for licensure as an out-of-state student, the state board will make the final determination for licensure. Thus, the University of Kentucky cannot determine whether our programs meet the educational requirements to lead to professional licensure, certification, or advancement in my state of current residence. I should contact my state board for possible licensure routes if I wish to pursue licensure in my state.

3. I understand that although the University of Kentucky works to update educational licensure requirements, it is recommended that I inquire with my state licensing board to learn about additional individual licensure requirements in my field of interest. Additional licensure requirements for individuals may include professional examinations, background checks, years of work experience, fingerprinting requirements, etc.

4. I understand that I may still enroll in this program, but the University of Kentucky must have evidence that I have been notified of this information before I begin the program.

5. I understand that I will not be able to enroll in classes at the University of Kentucky until this notification is signed, submitted, and received by UK Distance Learning.

6. I understand that licensing and authorization requirements vary by state and that relocating during the course of a program to another state could impact whether I can continue in the program and/or meet the eligibility requirements of that state. If I am considering relocating, I understand that I should contact my program to check for authorization and licensure eligibility requirements.

__________________________________________  ________________________________________
Student’s Printed Name                                 Name of Educator Preparation Program

________________________________
Student Signature

See blue:

518 Margaret I King Bldg. | Lexington, KY 40506 | P: 859-218-6782 | E: distancelearning@uky.edu

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