



FORT HAYS STATE UNIVERSITY

Forward thinking. World ready.

SPECIAL EDUCATION - HIGH INCIDENCE LIMITED RESIDENCY LICENSE

REQUIREMENTS:

1. **Degree required** (*from regionally accredited university**) with a **minimum 2.5 GPA** on last 60 hours of coursework.

**KSDE approved regional accrediting organizations:*

- i. New England Association of Schools and Colleges
- ii. Middle States Association of Colleges and Schools
- iii. The Higher Learning Commission (HLC)
- iv. Northwest Association of Schools and Colleges
- v. Southern Association of Colleges and Schools
- vi. Western Association of Schools and Colleges Senior Colleges and Schools Commission on Colleges
- vii. Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges
- viii. Association for Biblical Higher Education

2. **District identifies:**

- a. Person with great potential; based on needs of district.

3. **First semester** (of program):

- a. Continue employment as a paraprofessional.
- b. Will be paired with a mentor.
- c. Successfully complete (with grades of "A" or "B") six credit hours of coursework.*

****If applicant completes the six credit hours during the summer, they do not have to continue as a para for a semester and can apply for the LAL license (#5).***

4. **Second semester** (of program/hire) – **apply to KSDE for a Limited Residency License**

- a. Hired as the SPED teacher (Teacher of Record).
- b. Continued enrollment in coursework from the plan of study.
- c. Begin formal approved mentor program.

5. **Must** complete entire program within three years.

UPON SUCCESSFUL COMPLETION (final grade of A or B) OF FIRST SEMESTER (SIX CREDIT

HOURS) REQUIREMENTS:

- The **LIMITED RESIDENCY LICENSE** (formerly Limited Apprentice License) application is submitted to KSDE if all requirements are complete.
- The applicant can be placed as the teacher of record.
- For High-Incidence SPED, reimbursement/Cat Aid is applicable if placed in an appropriate assignment.

Send completed application and unofficial transcript as email attachments to:

Dr. Jerrie Brooks
jlbrooks8@fhsu.edu

SECTION A: TO BE COMPLETED BY THE APPLICANT

Social Security Number : _____

Birthdate (MM/DD/YYYY) _____

Gender: Male Female Choose not to designate _____

LEGAL NAME (Print)

_____	_____	_____
First Name	Middle Name	Last Name

All prior names (Maiden, alias, previous married, etc.)

Mailing Address:

_____	_____	_____	_____
Street	City	State	Zip

Phone

Email Address

Race *(mark one or more as applicable)*

Ethnicity *(mark only if applicable)*

- ☐ White
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Hispanic/Latino
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Choose not to designate

I give FHSU, including but not limited to the FHSU Special Education - High Incidence Program Coordinator and my advisor, permission to discuss my progress in the program and other educational records and information, including but not limited to course and program completion, grades, behavior, progress, and any other relevant activities, issues, or concerns, with my employer.

Signature _____

Date _____

Please read the following questions very carefully. If you have been convicted of any of these offenses, you may not be eligible for a teaching license.

- a. Have you EVER been convicted of a felony?
- b. Have you EVER been convicted of ANY crime involving theft, drugs, or a child?
- c. Have you EVER entered into a diversion agreement or otherwise had a prosecution diverted after being charged with any felony or any crime involving theft, drugs, or a child?
- d. Are criminal charges pending against you in any state involving any felony or any crime involving theft, drugs, or a child?
- e. Have you had a teacher's or school administrator's certificate or license denied, suspended, revoked or been the subject of other disciplinary action in any state?
- f. Is disciplinary action pending against you in any state regarding a teacher's or administrator's certificate or license?
- g. Have you ever been disbarred or had a professional license or state issued certificate denied, suspended, revoked or been the subject of other disciplinary action regarding any profession in Kansas or any other state?
- h. Have you ever been terminated, suspended, or otherwise disciplined by a local Board of Education for falsifying or altering student tests or student test scores?
- i. Have you ever falsified or altered assessment data?

This school district will be employing me:

(District Name and USD)

Attach an unofficial transcript with this application for minimum GPA verification.

LIMITED RESIDENCY LICENSE

(formerly Limited Apprentice License)

B: TO BE COMPLETED BY DISTRICT

Last 4 digits of Social Security Number: _____

LEGAL NAME:

First Name

Middle Name

Last Name

SCHOOL DISTRICT:

- Please complete and sign.
- Return the completed, signed copy to the Applicant.

Name of School System

Name of School/District _____

Administrator Printed Name: _____

Administrator Signature: _____

Title/Position _____

Phone _____

Email _____

Mailing Address: _____

City

State

Zip

Responsibilities of LEA/Teacher Education institution:

Support and supervision of the candidate must be provided collaboratively by both the LEA and the institution.

- Hiring LEA must:
 - Assign a mentor and provide an approved mentor program
 - Place the candidate in an appropriate assignment
- University must:
 - Provide a plan of study that specifically designates the coursework and other requirements to be completed each semester that allows for completion of the program within two to three years
- The LEA mentor and university advisor must share their contact information for collaboration purposes

ASSURANCES

This applicant has the dispositions and qualities to be successful and our district will support this applicant as they complete their licensure program and while they are in the classroom.

Upon successful completion of all first semester requirements, the applicant will be placed in the following assignment under the Limited Residency license:

I certify that the information on the application is true and complete to the best of my knowledge.

District Level Administrator Name *(please print)*

District Level Administrator Signature

Position Title *(please print)*

Date _____