

**APPLICATION FOR ADDING KENTUCKY CERTIFICATION,
ENDORSEMENT, OR EXTENSION (HIGHLY QUALIFIED PROVISION)**

Read instructions before completing application. Incomplete application will delay processing.

SECTION I. RECORD OF PERSONAL INFORMATION AND PREPARATION TO BE COMPLETED BY APPLICANT (type or print)

A. PERSONAL INFORMATION

_____ Social Security Number _____ E-Mail Address _____ Telephone Number _____

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

_____ Mailing Address _____ City _____ Zip Code _____

_____ Sex: Male or Female (Please circle one)

Date of Birth (Month/Day/Year) _____

ETHNIC IDENTIFICATION - OPTIONAL (check one)

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



B. TYPE(S) OF CERTIFICATION, EXTENSION, OR ENDORSEMENT REQUESTED

C. DO YOU CURRENTLY HOLD A VALID KENTUCKY TEACHING CERTIFICATE? YES ___ NO ___ **IF "YES," LIST ALL AREAS IN WHICH YOU ARE CERTIFIED AND SKIP TO SECTION III**

(If "NO," stop here. You do not qualify for certification under this provision.)

SECTION II. TO BE COMPLETED BY EPSE-CONTRACTED COLLEGE OR UNIVERSITY OFFICIAL IF APPLICANT IS USING CONTENT COURSEWORK TO QUALIFY BY OBTAINING A MINIMUM OF 90 POINTS ON THE EPSE'S HOUSE INDEX.

A. I verify that the official transcript(s) was/were reviewed and verify core content classes and credit hours in the area(s) in which certification is being sought:

AREA:

| Course | Hours | Course | Hours |
|--------------------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Total Hours | | | _____ |

NAME: _____ SOCIAL SECURITY NUMBER: _____

Summary total of points for teaching experience, professional development, and achievements/awards

AREA I: _____ Summary Total Points:

AREA II: _____ Summary Total Points:

I verify that the applicant currently is employed or has an offer of employment in the current certification area in the certification area being sought and that the points reported for teaching experience, professional development, and achievements/awards are accurate to the best of my knowledge.

Signed: _____ Local School Superintendent _____ School District _____ Date: _____

SAMPLE