

**REQUEST FOR  
TWO-YEAR CERTIFICATE FOR DIRECTOR OF SPECIAL EDUCATION**

**16 KAR 3:040**

1. If a qualified applicant is not available for the position of director of special education, the superintendent, on behalf of the local board of education may request a Professional Certificate for Director of Special Education for a two (2) year period for an applicant who meets the following qualifications:
  - a. A valid Kentucky certificate for teachers of exceptional children, or school psychologist;
  - b. Rank II certification;
  - d. Three (3) years of full-time experience teaching exceptional children, or three (3) years experience as a school psychologist;
  - d. Completion of a course in special and regular education case law; and
  - e. Admission to the preparation program for the professional certificate for director of special education.
  
2. The applicant shall complete the total curriculum for the Professional Certificate for Director of Special Education by September 1 of the year of expiration.

On behalf of the local board of education, I declare that a qualified applicant for director of special education as outlined in 16 KAR 3:040 is not available for employment within this school district and hereby request that a two-year Professional Certificate for Director of Special Education be issued to the applicant named below.

**Name of Applicant** \_\_\_\_\_ **Certificate Number** \_\_\_\_\_

A copy of the program guidesheet for the Professional Certificate for Director of Special Education which the teacher has planned with an advisor at a college or university **IS ATTACHED** along with an official transcript showing completion of the special and regular education case law coursework.

**Number and Date of Board Order Approving this Declaration** \_\_\_\_\_

**SIGNATURE of Local Superintendent** \_\_\_\_\_

**Name of Local School District** \_\_\_\_\_

I understand that I must complete the total curriculum for the Professional Certificate for Director of Special Education by September 1 of the year of expiration of the two-year certificate in order to qualify to continue the position of director of special education. I have completed the Fitness form on the back of this form.

**SIGNATURE of Applicant** \_\_\_\_\_

**Home Mailing Address** \_\_\_\_\_

\_\_\_\_\_

## CHARACTER AND FITNESS

*This form must be completed and submitted with each certification application to the Division of Certification, 100 Airport Road, 3<sup>rd</sup> Floor, Frankfort, KY 40601, (502) 564-4606; (888) 598-7667; www.kyepsb.net*

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.

If you have ever held, or currently hold a professional certificate, license, credential or other document issued to you by any jurisdiction (other than Kentucky) within the United States or abroad, enclose a copy of the certificate(s) or provide the following:

State or Jurisdiction \_\_\_\_\_ Certificate Number \_\_\_\_\_

Type \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

- |   |     |                  |
|---|-----|------------------|
| 1. Have you ever had a professional certificate, license, credential, or any document issued to you for practice denied, suspended, revoked, or voluntarily surrendered?  | Yes | No               |
| 2. Are you currently being reviewed or investigated for purposes of such action as stated in #1 or is such action pending?  | Yes | No               |
| 3. Have you ever been dismissed, resigned, released, or asked to resign/retire or discharged from a professional position or military service for immorality, incompetence, willful neglect of duty, misconduct, or presenting false information toward obtaining the position? | Yes | No               |
| 4. Is any such action as stated in #3 pending?  | Yes | No               |
| 5. Have you ever been convicted of a felony or misdemeanor (other than a moving traffic violation), been found guilty, or entered a plea of nolo contendere (no contest), even if adjudication was withheld, in Kentucky or any other state?                                    | Yes | No               |
| 6. If you indicated "yes" to any items, #1 through #6, has that action been reviewed by the Education Professional Standards Board? _____   | Yes | No               |
|   |     | (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:** \_\_\_\_\_

