School of Education - Certification of Licensed Teaching

Curriculum and Instruction
Early Childhood Education
K-12 Studies in Education
Reading and Literacy
Special Education Teaching

This form must be submitted by each applicant to the Curriculum and Instruction, Early Childhood Education, K-12 Studies in Education, Reading and Literacy, and Special Education Teaching master’s specializations. Please print a copy of this form and indicate your agreement and understanding with the statements below by checking the appropriate option, checking the acknowledgement box, and then sign and submit the form.

Your application will not be complete and will not be considered until this form has been received by Capella University.

The master’s specializations listed above focus on providing licensed, practicing PK-12 teachers with the knowledge and skills that meet national and state standards that reputable organizations (The National Board of Professional Teaching Standards - NBPTS, National Council for Accreditation of Teacher Education - NCATE) recommend. These specializations are focused on providing practical strategies that can have an immediate impact in these teachers’ classrooms, and courses are organized to best serve licensed, practicing teachers. It is common practice for course assessments to be related to classroom practice.

The focus on classroom practice and need for access to a classroom or similar educational setting may present barriers to Capella learners who are either non-licensed teachers or who are not currently practicing PK-12 teachers. Nonetheless, some educators who are not licensed and/or practicing teachers still seek the benefit of the competencies delivered in these specializations. Other teachers find themselves in educational settings in which a teaching license is not a requirement. In order to provide access to further training to those educators, Capella allows them to enroll in these specializations. Learners who choose to enroll but are not licensed, practicing teachers are required to provide further explanation and verify their understanding that the curriculum and/or related field experiences within these specializations may not be best suited for their individual needs, and adjustments may be required.

Furthermore, non-licensed and/or PK-12 teachers who are not currently practicing may face licensure implications in their state. If an initial and current license is lacking or you are unable to complete the clinical experience component in any of the state-approved programs (Reading and Literacy, Early Childhood Education, Special Education Teaching) this will prevent the School of Education at Capella University from verifying completion of a state-approved program.

Please read the following four statements, then check only the one that indicates your actual status:

Statement 1 of 4: Current PK-12 license and employment
I have a current PK-12 teaching license and am currently employed as a PK-12 teacher.
☐: Check box to indicate acceptance of above statement

Statement 2 of 4: Current PK-12 license but not currently employed as a PK-12 teacher
I have a current PK-12 teaching license but am not currently employed as a PK-12 teacher. I understand and accept that adjustments to my program requirements may be necessary and if unable to complete the clinical experience component of a state-approved program, the School of Education at Capella University may not verify completion of a state-approved program. I also understand and accept that I am responsible for determining the licensing standards in any state where I wish to seek licensure. (In the area below, please provide a narrative explanation for plans to complete the clinical experience components within your program.)
☐: Check box to indicate acceptance of above statement

______________________________________________________________________________
______________________________________________________________________________
Statement 3 of 4: Have neither PK-12 licensure nor employment
I do not have a current PK-12 teaching license and I am not currently employed as a PK-12 teacher. I understand that adjustments to my program may be necessary. If unable to obtain an initial, current license, I may not be able to obtain advanced teaching licensure/certification in my state upon completion of my program. I understand if I am unable to complete the clinical experience component of a state-approved program, the School of Education at Capella University may not verify completion of a state-approved program. I also understand and accept that I am responsible for determining the licensing standards in any state where I wish to seek licensure. (In the area below, please provide a narrative explanation for plans to complete the clinical experience components within your program.)
☐ : Check box to indicate acceptance of above statement

Statement 4 of 4: Do not have PK-12 license and current employment does not require PK-12 license
I do not have a current PK-12 teaching license, however I am serving in a position that does not require licensure (including acting as a home school instructor). I understand that adjustments to my program requirements may be necessary. If unable to obtain an initial, current license I may not be able to obtain advanced teaching licensure/certification in my state upon completion of my program. I understand if I am unable to complete the clinical experience component of a state-approved program, this School of Education at Capella University may not verify completion of a state-approved program. I also understand and accept that I am responsible for determining the licensing standards in any state where I wish to seek licensure. (In the area below, please provide a narrative explanation for plans to complete the clinical experience components within your program.)
☐ : Check box to indicate acceptance of above statement

If you have a current or expired license, please use the following fields to provide area of licensure, state where you are/were licensed, and applicable license or file number. If you do not have a current or expired license, please put "n/a" in each of the fields below.

<table>
<thead>
<tr>
<th>Area of Licensure:</th>
<th>License/File Number:</th>
<th>Licensed Country:</th>
<th>Licensed State:</th>
</tr>
</thead>
</table>

☐ By checking this box, you, the applicant, acknowledge that you understand and accept the statements in the Certification of Licensed Teaching form.

Date ___________________ Signature ___________________ Name (please print) ___________________

After completing this certification, please fax or mail it to:
Capella University
Admissions Office
Fax: (612) 977-5060 or 1-888-227-8492 (toll-free) By faxing, you have agreed that a faxed copy of this form shall have the same effect and may be used for the same purposes as the original.
Mail: Capella University, 225 South 6th Street, 9th Floor, Minneapolis, MN 55402