



Elsie Arntzen, Superintendent
 Montana Office of Public Instruction
 PO Box 202501
 Helena, Montana 59620-2501
 ATTN: Educator Licensure

TEACHING ENDORSEMENT INTERNSHIP PROGRAM APPLICATION

Complete this form only if applying for accreditation exemption pursuant to ARM 10.55.707 (4).

Educator Last Name	First Name	Middle Initial	Former Name(s)
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Mailing Address: (Street, RFD, PO Box)

City	State	ZIP Code	Folio No.
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To qualify for the Teaching Endorsement Internship Program, the teaching intern must:

- Hold a current Montana teaching license;
- Be under contract with a Montana school district or have a contract offer pending enrollment in the Board of Public Education Teaching Endorsement Program; and
- Be enrolled in the Board of Public Education approved internship programs offered by one of the accredited educator preparation programs within the boundaries of the state of Montana.

Pursuant to ARM 10.55.707 (4), the undersigned school district requests that the undersigned teacher be considered appropriately assigned as described below for the following school years _____.

RESPONSIBILITIES OF THE PARTIES

1. **Role of the Teaching Intern.** Pursuant to ARM 10.55.707 (4), the Individual must:
 - A. Have at least a Class 2 teaching license prior to entering the program;
 - B. Be a contracted employee of a Montana school district or have a contract offer pending enrollment in the Board of Public Education Teaching Endorsement Program teaching in the endorsement area designated below;
 - C. Prior to placement, have completed or be enrolled in six semester credits of study in the endorsement area the teaching intern is pursuing. These credits must apply to the program and be approved by a university or college;
 - D. Complete the endorsement program within three (3) years of entry into the program;
 - E. Provide a copy of the endorsement program of study to the cooperating school district;
 - F. Enroll in a Board approved Internship Program for credit each year of the agreement; and
 - G. If required, remit a fee for supervision each year of the agreement to the Montana university or college.

I agree to comply with the duties and provisions of ARM 10.55.707 (4).

Signature	Date	Teaching Endorsement Area
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2. **Role of the Cooperating School District.** Pursuant to ARM 10.55.707 (4), the Cooperating School District must:
- A. Allow the teaching intern to attend summer sessions, internship seminars, and professional development activities as specified by the internship agreement;
 - B. Local school administrator shall provide on-site, ongoing supervision of the intern in the area of the designated endorsement;
 - C. Agree to cooperate with the college or university in meeting the needs of the teaching intern;
 - D. Report annually as part of the OPI Annual Data Collection the status of the teaching endorsement intern;
 - E. Provide periodic supervision and training by a licensed teacher who is currently endorsed in the intern's prospective endorsement area; and
 - F. When appropriate and feasible, the cooperating school district may agree to contribute to the tuition and supervision fees of the intern.

District _____

Signature of Authorized Representative **Date** **Type or Print Name/Title**

Signature of Board Chair **Date** **Type or Print Name/Title**

3. **Role of the Montana College or University.** Pursuant to ARM 10.55.707 (4), the Montana College/University must:

- A. Make provisions to provide the appropriate course work or the acceptable approved equivalent that leads to endorsement;
- B. Provide periodic supervision and evaluation of the intern;
- C. Supply list of teaching interns to the Montana OPI Licensure Division by the first Monday in October each year; and
- D. Notify the Montana OPI Licensure Division of any change in status of the intern.

I agree to comply with the duties and provisions of ARM 10.55.707 (4).

College/University _____

Signature **Date** **Type or Print Name/Title**



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TEACHING ENDORSEMENT INTERNSHIP VERIFICATION FOR PROGRAM EQUIVALENCY

Last Name	First Name	Middle Name	Former Name(s)	
Mailing Address (Street, RFD, PO Box)		City	State	ZIP
E-Mail Address				
Folio No. (if previously assigned)	Social Security No.	Date of Birth	Home Phone	Work Phone

Verification for Program Equivalency

Adjustment or addition to an existing license, please indicate below:

1. Completed conversion program to _____ (elementary or secondary) education.
2. Completed the equivalent of an approved major or minor.
 Subject area and level _____ No. of Credits _____
 Subject area and level _____ No. of Credits _____

I hereby recommend an endorsement for _____
 (Name)

Signature _____ Institution _____

Please check if your institution is State Board NCATE

Title _____ Date _____
 (Dean of Education or Licensure Official)

Printed Name _____ Phone Number _____