



Application for a Class B (Conditional) License

State of Iowa
Board of Educational Examiners
Licensure
 Grimes State Office Building
 400 E. 14th St.
 Des Moines, Iowa 50319-0147

INSTRUCTIONS:

- NO GRADE REPORTS OR COPIES ACCEPTED.** The addition of endorsements to Iowa teaching licenses is based on completion of college or university based credit. Competency or assessment based programs will not be accepted. All programs of study must be based on college or university credit.
1. Attach a program of study from a college or university if the position is in the area of Special Education, Reading, Guidance Counseling, English as a Second Language, Teacher Librarian, Teacher Middle School, Family Consumer Science, or PK-3 including Special Education. OR Attach official/original college/university transcripts showing any course work which could be applicable to this new endorsement.
 2. A complete application must include the completed application, official transcripts, and fee.
 3. Send all materials and check or money order for \$85 (made payable to Board of Educational Examiners) to:
State of Iowa, Board of Educational Examiners Licensure, Grimes State Office Building, 400 E. 14th St., Des Moines, Iowa 50319-0147.
 4. Please allow 6 to 8 weeks to process. Name changes require a photocopy of official legal documentation. **ALL FEES ARE NONREFUNDABLE**

*Note: If you have been recommended for licensure from an Iowa Institution, you will need to request your transcripts be sent to the BOEE

Revised 10/09

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone ()	Daytime Phone ()	Email Address	

STATEMENT OF FRAUD; Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

- a. Yes No PR Have you ever been convicted of a felony?
- b. Yes No PR Have you ever been convicted of a crime other than parking or speeding violations? (Include any OWIs.)
- c. Yes No Do you currently have any criminal charges pending against you?
- d. Yes No PR Have you ever had a founded report of abuse made against you?
- e. Yes No PR Have you ever had an educational license denied, revoked, or suspended?

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

 Signature of Applicant

 Date

SECTION II - TO BE COMPLETED BY AN ADMINISTRATOR (type or print)

If a person is the holder of a valid Iowa teaching license and is seeking to obtain a new endorsement, a class B (conditional) license may be issued if requested by an employer and if the individual seeking this endorsement has completed at least two-thirds (half in shortage areas) of the requirements leading to completion of all requirements for that endorsement. **The applicant is expected to complete all requirements for this endorsement within the term of this license. Upon completion of the requirements, the applicant must complete application materials, and be recommended by the recommending official of the institution at which the requirements have been completed. NOTE: The Class B (Conditional) license is valid only if you maintains your regular teaching license!**

The _____ school system requests that

_____ be issued a Class B (*conditional*) license to serve as
(name of applicant)

Special Education

Regular Education

- PK-3 Teacher including Special Education
- Early Childhood Special Education
- K-6 Inst. Strat I: Mild/Mod
- 5-12 Inst. Strat I: Mild/Mod
- K-12 Inst. Strat II:BD/LD
- K-12 Inst. Strat II: MD
- Special Education Consultant

- Early Childhood PK-K Teacher
- 5-8 Middle School – Language Arts
- 5-8 Middle School - Math
- 5-8 Middle School- Science
- 5-8 Middle School – Social Studies

Other (please specify subject and grade level): _____

This request is for period beginning with the following school year- 20____ - 20____

(Administrator's Signature)

(Print or type administrator's name)

(date)

(Applicant's Signature)

(date)