



STATE BOARD OF EDUCATION

Commonwealth of the Northern Mariana Islands — *Public School System*

PO Box 501370 Saipan, MP 96950 • Tel. 670 237-3027 • E-mail: boe.admin@cnmipss.org



SCHOOL COUNSELOR Certification Application Checklist

Last Name, First Name, M.I.: _____

*****INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED*****

Certification Payments: CNMI PSS Finance Office, Building 1204, Capitol Hill, Saipan

BASIC I Initial Renewal

Valid for Two (2) Years – Renewable

- Signed and completed certification application form
- One (1) passport size photo (*for first-time applicant only*)
- Fingerprint submission (valid for one (1) year)
- Police clearance (valid for one (1) year)
- Payment receipt of \$40.00 (processing fee per certification)
- Official college transcript
- Bachelor's degree or higher
- Proof of passing Praxis II in content area
- Current recommendation letter from a supervisor or principal
(For Renewal Only)
- Proof of completion of one hundred twenty (120) hours of seminars, workshops, or in-service training as sanctioned by PSS/BOE and or equivalent university or college courses *(For Renewal Only)*

BASIC II Initial Renewal

Valid for Three (3) Years – Renewable

- Met Basic I Requirements
- Signed and completed certification application form
- Background check:
 - Fingerprint submission (if re-entering the system after two (2) years)
 - Police clearance (valid for one (1) year)
- Payment receipt of \$60.00 (processing fee per certification)
- Official transcript or certificate of completion of specific Basic II courses
- Current recommendation letter from a supervisor or principal
- Professional development:
 - For Initial:* Proof of completion of one hundred twenty (120) hours of seminars, workshops, or in-service training as sanctioned by PSS/BOE and or equivalent university or college courses
 - For Renewal:* Proof of completion of one hundred eighty (180) hours of seminars, workshops, or in-service training as sanctioned by PSS/BOE and or equivalent university or college courses

STANDARD Initial Renewal

Valid for Five (5) Years – Renewable

- Met Basic II Requirements
- Signed and completed certification application form
- Background check:
 - Fingerprint submission (if re-entering the system after two (2) years)
 - Police clearance (valid for one (1) year)
- Payment receipt of \$100.00 (processing fee per certification)
- Official transcript or certificate of completion of specific courses
- Current recommendation letter from a supervisor or principal
- Professional development:
 - For Initial:* Proof of completion of one hundred eighty (180) hours of seminars, workshops, or in-service training as sanctioned by PSS/BOE and or equivalent university or college courses
 - For Renewal:* Proof of completion of three hundred (300) hours of seminars, workshops, or in-service training as sanctioned by PSS/BOE and or equivalent university or college courses

PROFESSIONAL Initial Renewal

Valid for Ten (10) Years – Renewable

- Met Standard Requirements
- Signed and completed certification application form
- Background check:
 - Fingerprint submission (if re-entering the system after two (2) years)
 - Police clearance (valid for one (1) year)
- Payment receipt of \$200.00 (processing fee per certification)
- Master's degree or higher
- Employment verification of ten (10) cumulative years of instructional experience
- Current membership of professional education association
- Current recommendation letter from a supervisor or principal
- Professional development:
 - For Initial:* Proof of completion of three hundred (300) hours of seminars, workshops, or in-service training as sanctioned by PSS/BOE and or equivalent university or college courses
 - For Renewal:* Proof of completion of six hundred (600) hours of seminars, workshops, or in-service training as sanctioned by PSS/BOE and or equivalent university or college courses

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
BOARD OF EDUCATION
Certification and Licensure Office
Building 1241, Capitol Hill
P.O. Box 501370
SAIPAN, MP 96950

Please note that we do not maintain pending files and we do not match pieces of an application that arrive separately. Make sure that everything is submitted together.

SECTION 1: PERSONAL INFORMATION

Type or print, using black ink, all information required on the application. Use your full legal name. You must also list all former names, including your maiden name. If your address changes before you get your certificate, be sure to notify us in writing of the change and include your full name and social security number in correspondence. This information should be identical to the information that you previously provided on the fingerprint cards.

SECTION 2: CHARACTER AND FITNESS

Read the questions carefully before you answer them. If you answer “yes” to any question, you must submit a full explanation and your application will be referred to staff working with the Certification Committee for evaluation of your fitness to teach, or competence to perform other duties which would be authorized by the certificate.

NOTE: Information that you provide is subject to investigation of your moral character and true identity by means of review of information, reports, records, and other data from any agency or department of the Commonwealth or any other justification when secured by the Certification Committee for such purposes.

SECTION 3: OATH, AFFIDAVIT, AND RELEASE

Every person applying for a certificate must complete the “Oath And Affidavit” without alternation, and sign his or her full legal name as printed at the top of page 3 of the attached application. If you do not sign the attached “Oath and Affidavit” your application will be rejected.

APPLICATION FOR CNMI COUNSELING CERTIFICATE

SECTION 1. PERSONAL INFORMATION (PLEASE PRINT OR TYPE USING BLACK INK)

Social Security Number _____ - _____ - _____ Date of Birth _____

Applicant's Full Legal Name:

_____ Home Phone (_____)
First Middle Last

Former Name(s):

_____ Work Phone (_____)
First Middle Last

Assigned School

Mailing Address _____
P.O. Box Number City State Zip Code

Email address _____
(Must be current email address. Certification updates will be sent via email only.)

PLEASE CHECK MARK WHICH CERTIFICATE YOU ARE APPLYING FOR:

SCHOOL COUNSELOR:

- BASIC I
- BASIC II
- STANDARD
- PROFESSIONAL
- INITIAL *(first time)*
- RENEWAL



SECTION 2. CHARACTER AND FITNESS

Answer each question by checking the **yes or no** box. If you answer yes to any question please attach a full explanation of your answer.

1. Have you ever held a C.N.M.I Basic Teaching certificate before? Yes No
2. Have you ever held or do you presently hold a credential or license authorizing you to teach in public schools in another state? Yes No
If you answered Yes you must complete "Verification of Good Standing" forms for each jurisdiction you have been credentialed or licensed in and return it with this application.
3. Have you ever been convicted of any felony or misdemeanor offense, including pleading no contendere, in the CNMI or in any other state or place? Yes No
If you answered Yes you must complete the "Criminal Conviction" forms for each conviction and return it with this application.
4. Are you addicted to the use of alcohol? Yes No
5. Are you addicted to the use of any narcotics or drugs? Yes No
6. Have you ever had *any application* for a credential, including but not limited to any Certificate of Clearance, permit, credential, license, or other document authorizing school service or teaching, suspended, revoked, voided, denied, and/or otherwise for cause in any state or other place? Yes No
7. Have you ever had *any application* for a credential, including but not limited to any Certificate of Clearance, permit, credential, license, or other document authorizing school service or teaching denied and/or rejected for cause in any state or other place? Yes No
8. Have you been dismissed, resigned from, entered into a settlement agreement, or otherwise left school employment to avoid investigation for alleged misconduct and/or dismissal in any state or other place? Yes No
9. Are you now the subject of any inquiry, review, or investigation by a teacher-licensing agency in connection with any alleged misconduct; or is any disciplinary action now pending against you in any school district or before any teacher licensing agency or court in any state or other place; or is any adverse action now pending against any credential you hold, including but not limited to any Certificate of Clearance, permit, credential, license or other document authorizing school service or teaching, before any teacher licensing agency or court in a state or other place? Yes No

10. Do you currently have any outstanding criminal charges pending against you in any state or place? Yes No
If you answered Yes you must complete the “Criminal Conviction” form for each pending criminal charge and Return it with his application.
11. Have you ever had any disciplinary action, (including an action that was stayed by the licensing agency) taken against any professional or vocational license in any state or place? Yes No
12. Have you ever been a member of the armed forces? Yes No
13. If you answered yes to #12, were you discharged honorably? Yes No
If you answered other than honorably you must submit complete documentation as to the circumstances of your discharge.

SECTION 3. OATH, AFFIDAVIT, AND RELEASE

“By my signature placed below, I promise that the information provided in this application is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for certification and may result in disciplinary action being taken against me, including the possible termination of my employment, civil penalties, and criminal prosecution. By signing this form I authorize the Certification and Licensure Office to investigate all aspects of the Statements contained in it and the accompanying documents. I understand that this investigation will Include obtaining a record of arrests and dispositions from the Federal Bureau of Investigation and the Commonwealth Department of Public Safety, a record of prior certification actions through the National Association of the State Directors of Teacher Education and Certification Clearinghouse, may include Contacting past employers, co-workers, acquaintances, and state certification personnel regarding my previous personal and employment history, and also medical personnel regarding my physical examination and pertinent medical records.

By signing this form I further consent to the release of any and all information from any of the above mentioned agencies and individuals to the Commonwealth of the Northern Mariana Islands Board of Education Certification and Licensure Office and the Public School System for the purposes of ascertaining my fitness to teach, moral character and true identity.”

Date _____ Village/City _____

Signature _____

**VERIFICATION OF GOOD STANDING
(CREDENTIAL (S) HELD IN OTHER STATES)**

SECTION A: *To be completed by the applicant and included with the application. Do not send this form to the state(s) where you have been certified or credentialed. The Committee will request the information.*

Social Security Number _____ - _____ - _____ Date of Birth _____

Applicant's Full Legal Name:

_____ Home Phone (_____)
First Middle Last

Former Name(s):

_____ Work Phone (_____)
First Middle Last

Mailing Address _____
P.O. Box Number City State Zip Code

State _____ Type of Credential _____

I declare under penalty of perjury that the foregoing is true and correct. I hereby authorize the above-mentioned state(s) to release any information concerning my certification to the Commonwealth of the Northern Mariana Islands Board of Education Certified Committee and the Public School System.

Date _____ Signature _____

SECTION B: *To be completed by the state credentialing office.*

1. Is this individual the subject of any inquiry, review or investigate in connection with alleged misconduct? Yes No
2. Is this person currently, or has this person ever been, subject to any type of disciplinary or adverse action against any credential held by this individual authorizing school teaching or service? Yes No
3. Has this individual ever had any credentials authorizing school teaching or service reprovod, suspended, revoked, voided, denied, and/or otherwise rejected for cause? Yes No
4. Are you aware of any information, which indicates that, this employee left employment to avoid dismissal? Yes No

Agency: _____ Date: _____ Signature: _____

Address: _____

CERTIFICATE OF FINGERPRINT SUBMISSION

On the _____ day of _____, 20_____,

Applicant’s complete name

Appeared before me, provided proper identification, and submitted two complete and appropriate sets of fingerprints for the purposes of a national criminal background check pursuant to CNMI Public Law 10-62.

DPS Finger printer (Print Name) _____
Last First MI

DPS Finger printer (Signature) _____

****Required Department of Public Safety stamp or seal below.**

FINGERPRINT PROCESS

The Commonwealth of the Northern Mariana Island (CNMI) Certification and Licensure Office requires fingerprint processing for the following:

1. First-time applicants applying for certification;
2. Applicants who have left or returning to the CNMI Public School System (PSS);
3. Off-island applicants

Fingerprint submissions are valid for one (1) year.

On your fingerprint cards, please complete the areas that are marked with an “X” and ensure that the “CIRCLED” information is on your fingerprint card. See SAMPLE BELOW. Incomplete fingerprint cards will be returned to the applicant causing a delay in the processing of the application and issuance of the credential.

APPLICANT <small>* See Privacy Act Notice on Back</small>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK										FBI	LEAVE BLANK			
		LAST NAME NAM	FIRST NAME	MIDDLE NAME												
		X	X	X												
		ALIANSES AKA		O R		Dept. of Public Safety										
SIGNATURE OF PERSON FINGERPRINTED		X		X		MK 00 10000										
						Mariana Islands										
RESIDENCE OF PERSON FINGERPRINTED						Saipan MP 96950										
		CITIZENSHIP CTZ		SEX	RACE	HGT	WGT	EYES	HAIR	DATE OF BIRTH	DOB	PLACE OF BIRTH	POB			
		X		X	X	X	X	X	X	X	X	X	X			
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	YOUR NO		LEAVE BLANK												
X	X	OCA														
EMPLOYER AND ADDRESS		FBI NO														
CNMI Public School System		FBI														
P.O. Box 501370																
Saipan, MP 96950		ARMED FORCES NO														
		MNU														
REASON FINGERPRINTED		SOCIAL SECURITY NO														
Teacher Certification		SOC														
		MISCELLANEOUS NO														
		MNU														

Fingerprint Submission Process:

1. Present the following documents to the CNMI Department of Public Safety Records and Identification Office located in Susupe, Saipan:
 - o Police Clearance
 - o Payment receipt of \$48.00 for fingerprint processing fee
 - o Passport or Driver’s License and Social Security Number
 - o Certificate of Fingerprint Submission Form (see page 7 of the certification application form)
2. Ensure that the fingerprint technician completes the “CERTIFICATE OF FINGERPRINT SUBMISSION FORM” to be submitted with your certification application packet.

The fingerprint processing time may take at least three (3) months to complete. The CNMI Certification and Licensure Office will be following-up with the CNMI Department of Public Safety for the fingerprint clearance/results. Should you have any questions or concerns regarding the fingerprint process, feel free to contact the CNMI Department of Public Safety at (670) 664-9073.

CRIMINAL CONVICTION FORM

(To be completed only if you answered “Yes” to questions 3 or 11 of the application.)
If you checked “yes to questions 3 and/or 11 of the application you *must provide* the documents listed below, and *fully complete* the reverse side of this form for each conviction. You may use a photocopy of this form if you have more than one conviction to report.

The following documentation is required before your file can be reviewed:

Conviction of a Crime

1. Certified copy of the complete investigation or arrest report(s) from the investigation or arresting law enforcing agency.
2. Certified copy of the court documents showing the charges filed against you, including the criminal complaint or information.
3. Certified copies of the complete court papers dockets showing the plea you entered, sentencing, and verification that the conditions of probation were satisfied.

***Note:** If any of these records have been purged, an original statement verifying that fact must be received from the court, law enforcement agency, on official letterhead

Alcohol or Drug Offense

1. All information listed above under “Conviction of a Crime.”
2. Certified copies of the certificate(s) of completion for each rehabilitation program attended.
3. Letter(s) from program counselor(s), an official letterhead, verifying successful completion, indicating the type of treatment received, the duration, and the status of your rehabilitation at the time of completion.
4. Printout of Department of Motor Vehicles Record.

***Note:** If any of these records have been purged, an original statement verifying that fact must be received from the court, law enforcement agency, on official letterhead

Optional Information

You may also wish to submit acceptable, document evidence of rehabilitation. Example of such rehabilitation evidence includes:

- Recent, dated letter from applicant describing rehabilitative efforts or changes in life to future problems;
- Letters on official letterhead from professional counselors, instructors, employers, probation or parole officers;
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol/drug abuse;
- Proof of community work, schooling, or other self improvement efforts;
- Certified court order expunging record or certificate of rehabilitation.

CRIMINAL CONVICTION

**Complete a separate form for each conviction or pending charge.
(You may photocopy this form.)**

Conviction or Outstanding Charges (indicate which): _____

Date of Offense: _____

Name and Address of Arresting/Investigating Agency (Police or Sheriff's Office): _____

Plea and Conditions of Probation, if any: _____

Details of the incident: _____

(You may attach further documentation and explanation of the incident if you wish)

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct. I authorize the above listed courts and law enforcement agencies to release any information concerning me to the Commonwealth of the Northern Mariana Islands Board Of Education Certification Committee and the Public School System.

Date: _____ **Signature:** _____

Printed Name: _____