

**QUALIFICATIONS FOR A MONTANA**  
**CLASS 7 AMERICAN INDIAN LANGUAGE AND**  
**CULTURE SPECIALIST**

A Class 7 American Indian Language and Culture Specialist License is valid for a period of five years.

***GENERAL REQUIREMENTS***

- \* The Superintendent of Public Instruction shall issue a Class 7 License based upon verification by the American Indian tribe for which the language and culture licensure is desired that the individual has met tribal standards for competency and fluency as a requisite for teaching that language and culture.
- \* Candidates must meet all non-academic requirements for licensure in Montana.
- \* The board will accept and place on file the criteria developed by each tribe for qualifying an individual as competent to be a specialist in its language and culture.
- \* A school district may assign an individual licensed under this rule to only specialist services within the field of American Indian language and culture under such supervision as the district may deem appropriate. No teaching license or endorsement is necessary for duties within this prescribed field.

***RENEWAL***

60 units of renewal activities authorized and verified by the tribe will be required for renewal of a Class 7 License for each five year term.

***REINSTATEMENT***

A lapsed Class 7 License cannot be reinstated. However, the tribe can recommend the candidate for a new license



03/06

Linda McCulloch, Superintendent

Montana Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501  
[www.opi.mt.gov](http://www.opi.mt.gov)

Contact Educator Licensure at  
406-444-3150 or  
[cert@mt.gov](mailto:cert@mt.gov)



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501

HELENA MT 59620-2501

www.opi.mt.gov

(406) 444-3095

888-231-9393

(406) 444-0169 (TTY)

Linda McCulloch

Superintendent

## CLASS 7 AMERICAN INDIAN LANGUAGE & CULTURE SPECIALIST LICENSURE APPLICATION

The Montana Superintendent of Public Instruction is responsible for issuing all teacher, administrator, and specialist licenses in the state of Montana. The Educator Licensure Program at the Superintendent's Office of Public Instruction is responsible for evaluating all applications for licensure.

Montana law requires that all educators be properly licensed and endorsed prior to being employed in an accredited school in Montana. If you have not been licensed in Montana, or if you wish to reinstate a lapsed, revoked or suspended license, you must complete this application material.

Montana law also requires that any applicant for initial licensure, any person seeking emergency authorization of employment or any applicant seeking to reinstate a lapsed, revoked or suspended license must submit information and material for a fingerprint-based national criminal history background check. The application for that background check is a separate packet of documents.

Please follow the instructions, complete all application material, attach all required documentation, and return the completed application material to:

**Educator Licensure Program  
Montana Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501**

For more information, you may contact Educator Licensure at (406) 444-3150 or [cert@mt.gov](mailto:cert@mt.gov).

If you are a Veteran or currently serving in the military, contact Troops to Teachers at 866-478-3224 or [ttt@montana.edu](mailto:ttt@montana.edu) for information regarding financial aid.

*Over 170 years ago, Abraham Lincoln said, "Upon the subject of education, . . . I can only say that I view it as the most important subject which we as a people can be engaged in." Nothing has changed since that time — public education remains a cornerstone of our democracy. Thank you for your interest in applying for a Montana Educator License. We welcome the opportunity to consider your application.*

*If you need assistance from my staff or me, please contact us. Our website at [www.opi.mt.gov](http://www.opi.mt.gov) contains a great deal of information that may be of help to you.*

Superintendent of Public Instruction

*"It is the mission of the Office of Public Instruction to improve teaching and learning through communication, collaboration, advocacy, and accountability to those we serve."*

# *Professional Educators of Montana Code of Ethics*

*Adopted by the Certification Standards and Practices Advisory Council of the  
Montana Board of Public Education on October 30, 1997.*

## **Preamble**

Education in Montana is a public endeavor. Every Montanan has a responsibility for the schooling of our young people, and the state has charged professional educators with the primary responsibility of providing a breadth and depth of educational opportunities.

The professional conduct of every educator affects attitudes toward the profession and toward education. Aware of the importance of maintaining the confidence of students, parents, colleagues and the public, Montana educators strive to sustain the highest degree of ethical conduct. While the freedom to learn and the freedom to teach are essential to education in a democracy, educators in Montana balance these freedoms with their own adherence to this ethical code.

## **The Professional Educator in Montana:**

*Makes the well-being of students the foundation of all decisions and actions.*

- Protects students when their learning or well-being is threatened by the unsafe, incompetent, unethical, or illegal practice of any person.
- Provides educational services with respect for human dignity and the uniqueness of the student.
- Safeguards the student's right to privacy by judiciously protecting information of a confidential nature.

*Fulfills professional responsibilities with diligence and integrity.*

- Enhances individual competence by increasing knowledge and skills.
- Exemplifies and fosters a philosophy of education which encourages a lifelong pursuit of learning.
- Contributes to the development and articulation of the profession's body of knowledge.
- Promotes professionalism by respecting the privacy and dignity of colleagues.
- Demands that conditions of employment are conducive to high-quality education.

*Models the principles of citizenship in a democratic society.*

- Respects the individual roles, rights, and responsibilities of the community including parents, trustees, and colleagues.
- Assumes responsibility for individual actions.
- Protects the civil and human rights of students and colleagues.



LICENSE APPLICATION
CLASS 7 SPECIALIST—INITIAL

Mail application to:
Linda McCulloch
State Superintendent
PO Box 202501
Helena, Montana 59620-2501
www.opi.mt.gov

NOTICE
APPLICATIONS MORE THAN ONE
YEAR OLD WILL BE DESTROYED.

Make checks payable to:
Office of Public Instruction
Class 7 Initial \$36.00

Form with fields for Last Name, First Name, Middle Name, Former Name(s), Mailing Address, City, State, ZIP, Name as you wish it to appear on license, E-Mail Address, Folio No., Social Security No., Date of Birth, Home Telephone, Work Telephone.

State of \_\_\_\_\_
County of \_\_\_\_\_

OATH:

You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths.

(MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

DECLARATION:

- I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking.
I acknowledge that I have read the Professional Educators of Montana Code of Ethics.

Subscribed and sworn before me this \_\_\_ day of \_\_\_ (month) (year)
Signature of Applicant
Signature of Notary Public
My Commission Expires

(Section 10-4-102, MCA, 20-4-106(2), MCA and ARM 10.57.436)

10. VERIFICATION OF ELIGIBILITY FOR INITIAL LICENSURE

CRITERIA: Each Montana Indian tribe is authorized to establish the eligibility of persons who may be verified as eligible for the Class 7 license. Minimum requirements for specialist licensure by the State of Montana are: 1) applicant is 18 years of age or older, and 2) applicant is of good moral and professional character (20-4-1-4 (2), MCA).

\_\_\_\_\_ is recognized by the  
(Applicant Name)

\_\_\_\_\_ Tribe as having met the criteria as a specialist in the

\_\_\_\_\_ language and is, therefore, verified as eligible for Class 7 specialist licensure.

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Assiniboine | <input type="checkbox"/> Kootenai     |
| <input type="checkbox"/> Sioux       | <input type="checkbox"/> Crow         |
| <input type="checkbox"/> Dakota      | <input type="checkbox"/> Gros Ventre  |
| <input type="checkbox"/> Blackfeet   | <input type="checkbox"/> Assiniboine  |
| <input type="checkbox"/> Chippewa    | <input type="checkbox"/> Little Shell |
| <input type="checkbox"/> Cree        | <input type="checkbox"/> Cheyenne     |
| <input type="checkbox"/> Salish      |                                       |

Attested to by:

\_\_\_\_\_  
(Signature of Tribal Chairperson)

and/or

\_\_\_\_\_  
(Designated Official\*)

\_\_\_\_\_  
(Printed or Typed Name of Official)

\*Designated officials are those identified by the chairperson and reported to the Superintendent of Public Instruction.

\_\_\_\_\_  
(Date of Signature)

## MONTANA EDUCATOR LICENSURE APPLICATION CHARACTER AND FITNESS INFORMATION

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP
Social Security Number				

	Yes	No
Do you currently hold a Montana Educator License?		
Do you currently hold or have ever held a professional certificate, license, or other credential in any other field?		
If yes, please provide: State or Jurisdiction _____ Type of License _____ Certificate Number _____ Issue Date _____ Expiration Date _____		

Answer each of the following questions by checking "Yes" or "No." **If the answer to any of the questions below is "Yes," please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.**

The questions apply to your experiences in Montana or in any other state or country.	Yes	No	Information Previously Provided to OPI
<b>1</b> Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending?  Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.			
<b>2</b> Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending?  The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.			

EDUCATOR LICENSURE

- Rule 10.57.431 Class 5 Alternative License - Supervisor  
Endorsement
- 10.57.432 Class 5 Alternative License - Specialist  
Endorsement
- 10.57.433 Class 6 Specialist License
- 10.57.434 Class 6 Specialist License - School  
Psychologist
- 10.57.435 Class 6 Specialist License - School  
Counselor
- 10.57.436 Class 7 American Indian Language and  
Culture Specialist

Sub-Chapter 5

Ancillary Services

- Rule 10.57.501 Social Workers, Nurses and Speech and  
Hearing Therapists

Sub-Chapter 6

Educator Licensure Disciplinary Procedures

- Rule 10.57.601 Request for Discipline Against the License  
of a Teacher, Specialist or Administrator:  
Preliminary Action
- 10.57.601A Definition of "Immoral Conduct"
- 10.57.601B Investigation
- 10.57.602 Notice and Opportunity for Hearing Upon  
Determination that Substantial Reason Exists  
to Hold a Hearing
- 10.57.603 Hearing in Contested Cases
- 10.57.604 Post Hearing Procedure
- 10.57.605 Surrender of a Teacher, Specialist or  
Administrator License

		Yes	No	Information Previously Provided to OPI
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?</p> <p>You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of "no contest" (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.</p> <p>If the answer to this question is "Yes" please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>			

**Release of Information:**

I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature

**FOR OFFICE OF PUBLIC INSTRUCTION USE ONLY:**

Fingerprint Background      Check Complete \_\_\_\_\_      Investigation Complete \_\_\_\_\_

Application Approved: \_\_\_\_\_ Date \_\_\_\_\_

Comments:





Linda McCulloch, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501  
www.opi.mt.gov  
ATTN: Educator Licensure

## CHECKLIST CLASS 7 INITIAL APPLICATION

**Please be aware that:**

- **Incomplete application files will be returned without action.**
- **Fees paid are nonrefundable.**

- Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, physical address and phone numbers. (page 3)
- Have you completed the Character and Fitness Information? (pages 5 & 6)
- Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$29.25 payable to the Montana Department of Justice?
- Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 3)
- Have you made your check or money order for fees payable to the OPI?
- Has your Designated Official or Tribal Chairperson signed and dated section 10? (page 5)



**south dakota**  
**DEPARTMENT OF EDUCATION**  
 Learning. Leadership. Service.

**LAKOTA, DAKOTA, OR NAKOTA PROFICIENCY LANGUAGE  
 AUTHORIZATION APPLICATION**

**Instructions to the Applicant:**

1. Complete all applicant sections, including the Applicant Conduct Review Statement.
2. Mail the following items to the university where you completed the language authorization program and request that they complete the university statement section:
  - a. completed application; and
  - b. **nonrefundable** \$30 fee in the form of money order, or cashier's or personal check payable to the Department of Education.

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Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Yes \_\_\_ No \_\_\_ Have you previously ever held a South Dakota Teacher Certificate? Under what name?

\_\_\_\_\_

Yes \_\_\_ No \_\_\_ Have you ever been certified to teach in another state? If yes, attach copies of certificate(s).

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State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

I do solemnly swear (or affirm) that I am a citizen of the United States and that I will support the Constitution of the United States and of the State of South Dakota and that the information contained in this application is true and correct to the extent of my knowledge.

Signature of Applicant: \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public Official: \_\_\_\_\_

NOTARY SEAL

**Instructions to the Institution: -**

1. The certifying officer must complete the proficiency statement.
2. The department chairperson/dean must complete the recommendation for certification statement.
3. Mail the application, official transcript that verifies completion of the methods courses, and fee to the Department of Education, Office of Accreditation and Teacher Quality, 700 Governors Drive, Pierre, SD 57501.

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**Proficiency Statement**

I certify that on \_\_\_\_\_ (date) \_\_\_\_\_ (person) has demonstrated proficiency in the Native American Language authorization in oral and written skills and has knowledge of and experience in the culture and history of the Lakota, Dakota, or Nakota. Also, the individual has successfully completed three semester hours of teaching methods directly related to teaching Lakota, Dakota, or Nakota language.

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Signature of certifying officer

Date

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**Recommendation for Certification**

Based on the above verifications, I hereby recommend \_\_\_\_\_ (person), for the authorization for certification as a Lakota, Dakota, or Nakota language teacher.

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Signature of Department Chairperson/Dean

Date

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Printed Name of Department Chairperson/Dean

( )  
Telephone #

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College/University

Address

City

State

Zip + 4

## Lakota, Dakota, or Nakota Language Authorization Administrative Rule

ARSD 24:15:06:29. K-12 Lakota languages education endorsement program. A K-12 Lakota languages education endorsement program requires documentation of the following by a college or university offering a teacher education program in Lakota studies:

- (1) Proficiency in Lakota, Dakota, or Nakota oral and written language, culture, and history;
- (2) At least a three-semester hour methodology course directly related to teaching Lakota, Dakota, or Nakota language; and
- (3) Recommendation for certification.

No state test is required or available to validate this endorsement.

Source: 25 SDR 13, adopted July 21, 1998, effective September 1, 2000; transferred from § 24:16:08:55, 30 SDR 211, effective July 5, 2004; 32 SDR 41, effective September 11, 2005.

General Authority: SDCL 13-1-12.1, 13-42-3.

Law Implemented: SDCL 13-42-3, 13-42-4.

## Lakota, Dakota or Nakota Language Authorization Programs Directory

### Sisseton/Wahpeton Community College

PO Box 689  
Sisseton, SD 57262  
Chairperson - Dakota Language: Clifford Canku  
Certifying Officer/Education: Harvey Dumarce  
Phone: (605) 698-3966 x1290  
Fax: (605) 698-3132  
Email: ccanku@swc.tc

### Oglala Lakota College

PO Box 490  
Kyle, SD 57752-0490  
Chairperson - Lakota Language: Karen Lone Hill  
Certifying Officer/Education: Dr. Art Fisher  
Phone: (605) 455-6000  
Fax: (605) 455-2787  
Email: kloneh@olc.edu

### Sitting Bull College

1341 92nd St  
Fort Yates, ND 58538  
Chairperson - Lakota Language: Michael Moore  
Certifying Officer/Education: Laurel Vermillion  
Phone: (701) 854-8021  
Fax: (701) 854-8197  
Email: michaelm@sbc.edu

### Sinte Gleska University

PO Box 8  
Mission, SD 57555  
Chairperson - Lakota Language: Albert White Hat  
Certifying Officer/Education: Cheryl Medearis  
Phone: (605) 856-8117  
Fax: (605) 856-2011  
Email: [cheryl.medearis@sintegleska.edu](mailto:cheryl.medearis@sintegleska.edu)

### University of South Dakota

414 E. Clark  
Vermillion, SD 57069-2390  
Chairperson - Languages: Susan J. Wolfe  
Phone: (605) 677-5357  
Fax: (605) 677-6651  
Email: [susan.wolfe@usd.edu](mailto:susan.wolfe@usd.edu)

**APPLICANT CONDUCT REVIEW STATEMENT**  
**SDCL 13-42-9, 13-42-10, 25-7A-56**

**GENERAL INFORMATION AND INSTRUCTIONS**

Applicants **must** respond to all questions before an application for certification can be processed.

<b>IDENTIFICATION INFORMATION</b>	
Applicant Full Name (Last, First, Middle)	Previous Full Name or (nickname)
Social Security Number	Date of Birth (Mo., Date, Year )

Failure to answer any of these questions in a truthful and complete manner or failure to provide truthful information or documentation requested could lead to denial of a certificate to teach or hold an administrative certificate in South Dakota, or could lead to disciplinary action being taken against any teaching or school administrative certification that you possess.

Respond to **EVERY** item. If an arrow (➔) follows your response, follow the instruction given. Please attach any/all requested materials to your application, numbering the attachments with the number of the applicable item. If you do not respond to an item, or if the required attachments do not accompany your application, your application **may be significantly delayed**.

**1. Have you ever been charged, indicted, summoned or tried in any criminal matter?**

YES       NO

➔ If **YES** – Please explain briefly, and submit in hardcopy all certified documents relating to the criminal matter/offense. Please attach all certified documents to your application and mail to: Teacher Certification, Department of Education, 700 Governors Drive, Pierre, South Dakota 57501. For questions regarding the Conduct Review Statement, you may call Lisa Lomheim at 605-773-4705.

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**2. Have you ever been convicted, been charged with, or pleaded guilty to any crime?**

The term **conviction** includes a finding of guilt by a judge or jury, or admission of guilt or plea of guilty, or a plea without an admission of guilt. You must include those crimes where the sentence was stayed, suspended, executed or you received a suspended imposition of sentence.

The term **crime** includes misdemeanor and felony offenses. It does not include petty offenses such as minor traffic offenses, including but not limited to: Speeding tickets, stop sign violations, or careless driving offenses. If you are not sure whether the crime would be a minor offense, please include the offense.

All persons hired by a school district (either directly or by contract/agreement) shall submit to a criminal background check investigation by means of fingerprint checks by the Division of Criminal Investigation and Federal Bureau of Investigation. SDCL 13-10-12. Criminal convictions may be considered in hiring decisions. SDCL 13-10-13 Suspension or resignation of Employee for criminal conviction shall be reported to the Department of Education. SDCL 13-10-15.

YES       NO

➔ If **YES** – Please explain briefly. Please attach certified court documents indicating the crime for which you were convicted, the dates of your conviction or plea of guilty, and the dates you were sentenced, and the sentence imposed. If you have been discharged from probation, include information regarding your discharge from probation. If you are currently on probation, provide the name and telephone number of your probation officer. Please attach all court documents to your application form and mail to: Teacher Certification, Department of Education, 700 Governors Drive, Pierre, South Dakota, 57501 For questions regarding the Conduct Review Statement, you may contact Lisa Lomheim at 605 -773 -4705.

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3. **Has it ever been determined by a judge or jury in South Dakota or elsewhere that a child or minor adult was abused or neglected through your actions or omission?**

YES     NO

➔ If **YES** – Please explain briefly and provide court documents.

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4. **Have you ever been in arrears or failed to pay child support in this state or elsewhere?**

Certificates will not be issued to anyone in child support arrears according to SDCL 25-7A-56.

YES     NO

➔ If **YES** – Please explain briefly and provide court documents.

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5. **Have you ever had any credential, certificate or license authorizing school teaching or educational service suspended, revoked, voided, denied, cancelled, rescinded, or rejected for cause and/or otherwise taken away in South Dakota or in any other state, commonwealth, territory, or possession of the United States of America or elsewhere?**

YES     NO

➔ If **YES** – Please attach documents explaining the action, location(s), dates(s) and agency involved.

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6. **Is there any type of adverse action pending against any credential, license or certificate that you now hold or have ever held that authorizes school teaching or educational service?**

YES     NO

➔ If **YES** – Please attach material explaining the action or charges, location(s), dates(s) and agency involved

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7. Have you ever left employment, been discharged, terminated or resigned to avoid dismissal or disciplinary action?

YES  NO

➔ If YES – Please explain briefly.

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8. Have you ever held a license, certificate or credential, other than as a teacher or administrator, which has been revoked, cancelled, rescinded, suspended or taken away in South Dakota or elsewhere? (i.e., certified public accountant, insurance agent, real estate broker, etc.)?

YES  NO

➔ If YES, state the license, certificate or credential held and present the status of each.

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9. Is there any information not disclosed by your answers concerning your background, history, experience, education, or activities which may have some bearing on your character, moral fitness, or eligibility to teach or hold an administrative position in South Dakota and which should be placed at the disposal or brought to the attention of the South Dakota Department of Education?

YES  NO

➔ If YES, state the facts fully, but concisely.

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\* The Secretary of the Department of Education may deny, revoke or suspend a certificate for any cause which would have prevented its issue, plain violation of contract, gross immorality, incompetency, violation of the Code of Ethics effective July 1, 2001, flagrant neglect of duty or conviction of a crime involving moral turpitude. SDCL 13-42-7, 13-42-9 and 13-42-10. The Secretary may suspend any certificate for a period not to exceed one year for breaking or jumping a contract, if such suspension is requested by the school board. However, the secretary may not suspend a certificate for breaking or jumping a contract if the school board collected liquidated damages pursuant to the terms of the contract. SDCL 13-42-9.

### AUTHORIZATION

I hereby authorize the Department of Education to review and inspect any and all records maintained by the State of South Dakota, Tribal entities and/or the Federal Government for the purpose of verifying the answers submitted above.

I further agree to provide any additional documentation or records requested by the South Dakota Department of Education that pertains to information submitted as a part of this application.

I declare and affirm under penalties of perjury pursuant to SDCL 22-29-9.1 that this application has been examined by me, and to the best of my knowledge and belief, is in all things true, accurate, complete and correct. I understand that any intentional falsification, misrepresentation or omission of facts or falsification of statements on accompanying documents may result in criminal charges and/or the denial of certification, and could affect the status of my teaching or school administrative certificate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**15.1-13-22. Licensure of North Dakota American Indian language instructors.**

The board may license an individual as an instructor of North Dakota American Indian languages and culture if the individual is recommended for licensure to teach North Dakota native languages by an indigenous language board created by a tribal government in this state and if the individual:

1. Displays competence in North Dakota American Indian languages and culture and has successfully completed a three-semester-hour course in classroom instruction at a tribal college or other institution of higher education; or
2. Holds a baccalaureate degree and has knowledge of and experience in North Dakota American Indian languages and culture.