

APPLICATION FOR CERTIFICATION

For use in requesting initial certificates and endorsements.

ARIZONA DEPARTMENT OF EDUCATION - CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367
Flagstaff Office: 2384 N. Steves Blvd., Box-C, Flagstaff, AZ 86004 Telephone: (928) 679-8117
Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A. A photo copy of your valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety.
- B. Complete this application and submit a money order, cashiers check or personal check **ONLY** for the amount due, made payable to the Arizona Department of Education (ADE). Fees are **not** refundable. **Cash will not be accepted.**
- C. Official transcript(s); photocopies will not be accepted.

SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Gender: M / F
(For identification purposes only)

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ - _____ Email Address: _____
(Home) (Home)

Ethnicity: ___ Asian or Pacific Islander ___ Black or African-American (Not-Hispanic) ___ Hispanic or Latino
___ White (Not-Hispanic) ___ American Indian or Alaskan Native ___ Other
(Gender and Ethnicity are requested for federal reporting purposes only)

SECTION 2: CERTIFICATION TYPE AND FEES

Are you applying for an elementary, secondary, special education or early childhood certificate under the rules of reciprocity? YES NO (If YES, please include a **notarized** copy of the **valid out-of-state certificate**.)

TEACHING CERTIFICATES:

<input type="checkbox"/> SUBSTITUTE.....\$60	<input type="checkbox"/> EARLY CHILDHOOD\$60
<input type="checkbox"/> ELEMENTARY (K-8).....\$60	<input type="checkbox"/> SECONDARY (7-12)(ONE APPROVED AREA)- AREA.....\$60
<input type="checkbox"/> APPROVED AREA ELEMENTARY - AREA.....\$60	<input type="checkbox"/> ADDITIONAL APPROVED AREA SECONDARY- AREA.....\$60

SPECIAL EDUCATION (K-12):

<input type="checkbox"/> CROSS-CATEGORICAL (ED, LD, MR, O/HI).....\$60	<input type="checkbox"/> MENTAL RETARDATION\$60
<input type="checkbox"/> EARLY CHILDHOOD (BIRTH TO AGE 5).....\$60	<input type="checkbox"/> ORTHOPEDIC/HEALTH IMPAIRMENT\$60
<input type="checkbox"/> EMOTIONAL DISABILITY.....\$60	<input type="checkbox"/> SEVERELY AND PROFOUNDLY DISABLED\$60
<input type="checkbox"/> HEARING IMPAIRED.....\$60	<input type="checkbox"/> VISUALLY IMPAIRED\$60
<input type="checkbox"/> LEARNING DISABILITY\$60	

CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

<input type="checkbox"/> AGRICULTURE, OPTION A, B, C, OR D.....\$60	<input type="checkbox"/> HEALTH CAREERS, OPTION A, B, C, OR D.....\$60
<input type="checkbox"/> BUSINESS AND MARKETING, OPTION A, B, C, OR D...\$60	<input type="checkbox"/> INDUSTRIAL TECHNOLOGY, OPTION A, B, C, OR D.....\$60
<input type="checkbox"/> FAMILY AND CONSUMER SCIENCES, OPTION A, B, C, OR D.....\$60	

ADMINISTRATIVE CERTIFICATES (PRE K-12):

<input type="checkbox"/> PRINCIPAL\$60	<input type="checkbox"/> SUPERVISOR\$60
<input type="checkbox"/> SUPERINTENDENT\$60	

PROFESSIONAL NON-TEACHING CERTIFICATES:

<input type="checkbox"/> GUIDANCE COUNSELOR (PRE K-12)\$60	<input type="checkbox"/> SPEECH-LANGUAGE PATHOLOGIST (PRE K-12).....\$60
<input type="checkbox"/> SCHOOL PSYCHOLOGIST INTERIM (PRE K-12).....\$60	<input type="checkbox"/> SPEECH-LANGUAGE TECHNICIAN (PRE K-12)\$60
<input type="checkbox"/> SCHOOL PSYCHOLOGIST (PRE K-12)\$60	

OTHER CERTIFICATES:

<input type="checkbox"/> ADULT EDUCATION\$60	<input type="checkbox"/> JUNIOR RESERVE OFFICER TRAINING CORPS.....\$60
<input type="checkbox"/> ATHLETIC COACHING\$60	<input type="checkbox"/> TEACHER INTERN\$60

*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.

ENDORSEMENTS:

(A valid Arizona teaching certificate is required. Endorsements are K-12, unless indicated otherwise.)

<input type="checkbox"/> ART	\$60	<input type="checkbox"/> PROVISIONAL ENGLISH AS A SECOND LANGUAGE	\$60
<input type="checkbox"/> PROVISIONAL BILINGUAL-		<input type="checkbox"/> FULL ENGLISH AS A SECOND LANGUAGE	\$60
<input type="checkbox"/> LANGUAGE:.....	\$60	<input type="checkbox"/> PROVISIONAL GIFTED	\$60
<input type="checkbox"/> FULL BILINGUAL -		<input type="checkbox"/> FULL GIFTED	\$60
<input type="checkbox"/> LANGUAGE:.....	\$60	<input type="checkbox"/> LIBRARY MEDIA SPECIALIST	\$60
<input type="checkbox"/> COMPUTER SCIENCE	\$60	<input type="checkbox"/> MATHEMATICS SPECIALIST (ELEMENTARY	
<input type="checkbox"/> COOPERATIVE EDUCATION (CAREER AND		<input type="checkbox"/> OR SPECIAL ED. CERTIFICATE REQUIRED)	\$60
<input type="checkbox"/> TECHNICAL EDUCATION CERTIFICATE REQUIRED)	\$60	<input type="checkbox"/> MIDDLE GRADE (5-9)	\$60
<input type="checkbox"/> DANCE	\$60	<input type="checkbox"/> MUSIC	\$60
<input type="checkbox"/> DRAMATIC ARTS	\$60	<input type="checkbox"/> PHYSICAL EDUCATION	\$60
<input type="checkbox"/> DRIVER'S EDUCATION	\$60	<input type="checkbox"/> READING SPECIALIST.....	\$60
<input type="checkbox"/> EARLY CHILDHOOD	\$60	<input type="checkbox"/> PROVISIONAL STRUCTURED ENGLISH IMMERSION...\$	0
<input type="checkbox"/> ELEMENTARY FOREIGN LANGUAGE -		<input type="checkbox"/> FULL STRUCTURED ENGLISH IMMERSION.....	\$60
<input type="checkbox"/> LANGUAGE:.....	\$60		

SECTION 3: EDUCATION

Please submit all applicable official transcripts bearing the original seal or stamp of the registrar.

	COLLEGE OR UNIVERSITY	LOCATION, STATE	DEGREE/MAJOR	DATE
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

IMPORTANT: Please **maintain** copies of all your personal and professional records for future use.

SECTION 4: PRACTICUM, STUDENT TEACHING AND INTERNSHIPS

Have you completed any student teaching, practicums or internships?....YES___ NO___

If "YES," circle the grade-levels: Birth – age 3, Pre-K, K 1 2 3 4 5 6 7 8 9 10 11 12 Subject area(s): _____ Dates: _____

To obtain a waiver of student teaching, submit verification of **two years** of full-time teaching experience on official letterhead signed by District Superintendent or Personnel Director.

SECTION 5: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTN: If "YES" is indicated for any of the following questions, please **attach a full explanation to this application, a statement must be provided with each application.**

1. Have you ever had any professional certificate or license, revoked or suspended?.....YES___ NO___
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES___ NO___
3. Have you ever been convicted of any felony offense?.....YES___ NO___
4. **Have you ever been arrested for any offense for which you were fingerprinted?.....YES___ NO___**
5. **HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**

a Second-degree murder	YES___ NO___	k Taking a child for the purpose of prostitution as prescribed in section 13-3206	YES___ NO___	r Any offense causing you to register as a sex offender	YES___ NO___
b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age	YES___ NO___	l Child prostitution as prescribed in section 13-3212	YES___ NO___	s First-degree murder	YES___ NO___
c Sexual assault	YES___ NO___	m Involving or using minors in drug offenses	YES___ NO___	t Armed Robbery	YES___ NO___
d Molestation of a child	YES___ NO___	n Continuous sexual abuse of a child	YES___ NO___	u Incest	YES___ NO___
e Sexual conduct with a minor	YES___ NO___	o Attempted first-degree murder	YES___ NO___	v Exploitation of minors involving drug offenses	YES___ NO___
f Commercial sexual exploitation of a minor	YES___ NO___	p Any other dangerous crime against children as defined in section 13-604.01	YES___ NO___	w Sexual abuse of a vulnerable adult	YES___ NO___
g Sexual exploitation of a minor	YES___ NO___	q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001	YES___ NO___	x Sexual exploitation of a vulnerable adult	YES___ NO___
h Child abuse	YES___ NO___			y Commercial sexual exploitation of a vulnerable adult	YES___ NO___
i Kidnapping	YES___ NO___			z Abuse of a vulnerable adult	YES___ NO___
j Sexual abuse of a minor	YES___ NO___			aa Molestation of a vulnerable adult	YES___ NO___
				bb Neglect of a vulnerable adult	YES___ NO___

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Date

Applicant's Signature