

APPLICATION FOR CERTIFICATION

For use in requesting certificates.

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. One of the following:
 1. A photocopy of your valid Arizona **IVP** fingerprint card (plastic) issued on or after January 1, 2008; **OR**
 2. A photocopy of your valid Arizona Fingerprint clearance card (plastic) **issued prior to January 1, 2008.**
- B. Completed application and a money order, cashier's 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.

Please refer to our website at www.azed.gov/certification for other specific requirements.

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

SECTION 2: CERTIFICATION TYPE AND FEES

___ **SUBSTITUTE**.....\$60

TEACHING CERTIFICATES:

___ **ELEMENTARY (K-8)**.....\$60 ___ **EARLY CHILDHOOD**\$60
___ **APPROVED AREA ELEMENTARY - AREA**.....\$60 ___ **SECONDARY (7-12)(ONE APPROVED AREA)- AREA**.....\$60
___ **ARTS EDUCATION (PreK-12)**.....\$60 ___ **ADDITIONAL APPROVED AREA SECONDARY- AREA**.....\$60
(Select One:)
___ **ART** ___ **DANCE** ___ **DRAMATIC ARTS** ___ **MUSIC**

SPECIAL EDUCATION (K-12):

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

CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

___ **AGRICULTURE, OPTION A, B, C, D OR E**.....\$60 ___ **HEALTH CAREERS, OPTION A, B, C, D OR E**.....\$60
___ **BUSINESS AND MARKETING, OPTION A, B, C, D OR E** \$60 ___ **INDUSTRIAL AND EMERGING TECHNOLOGIES, OPTION A, B, C, D OR E**\$60
___ **FAMILY AND CONSUMER SCIENCES, OPTION A, B, C, D OR E**\$60 ___ **EDUCATION AND TRAINING, OPTION A, B, C, D OR E** \$60

ADMINISTRATIVE CERTIFICATES (PRE K-12):

___ **PRINCIPAL**\$60 ___ **SUPERVISOR**\$60
___ **SUPERINTENDENT**\$60

PROFESSIONAL NON-TEACHING CERTIFICATES:

___ **GUIDANCE COUNSELOR (PRE K-12)** \$60 ___ **SPEECH-LANGUAGE PATHOLOGIST (PRE K-12)**.....\$60
___ **SCHOOL PSYCHOLOGIST INTERIM (PRE K-12)**.....\$60 ___ **SPEECH-LANGUAGE TECHNICIAN (PRE K-12)**\$60
___ **SCHOOL PSYCHOLOGIST (PRE K-12)**\$60

OTHER CERTIFICATES:

___ **ADULT EDUCATION**\$60 ___ **JUNIOR RESERVE OFFICER TRAINING CORPS**.....\$60
___ **ATHLETIC COACHING**\$60

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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 AWARDED
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

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

SECTION 4: PRACTICUM, STUDENT TEACHING AND TEACHING 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: _____

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

ATTENTION: 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. YES__ NO__ Have you ever had any professional certificate or license, revoked or suspended?
2. YES__ NO__ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. YES__ NO__ Have you ever been convicted of any felony offense?
4. YES__ NO__ **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

YES__ NO__ a Second-degree murder

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__ c Sexual assault

YES__ NO__ d Molestation of a child

YES__ NO__ e Sexual conduct with a minor

YES__ NO__ f Commercial sexual exploitation of a minor

YES__ NO__ g Sexual exploitation of a minor

YES__ NO__ h Child abuse

YES__ NO__ i Kidnapping

YES__ NO__ j Sexual abuse of a minor

YES__ NO__ k Taking a child for the purpose of prostitution as prescribed in section 13-3206

YES__ NO__ l Child prostitution as prescribed in section 13-3212

YES__ NO__ m Involving or using minors in drug offenses

YES__ NO__ n Continuous sexual abuse of a child

YES__ NO__ o Attempted first-degree murder

YES__ NO__ p Any other dangerous crime against children as defined in section 13-604.01

YES__ NO__ q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001

YES__ NO__ r Any offense causing you to register as a sex offender

YES__ NO__ s First-degree murder

YES__ NO__ t Armed Robbery

YES__ NO__ u Incest

YES__ NO__ v Exploitation of minors involving drug offenses

YES__ NO__ w Sexual abuse of a vulnerable adult

YES__ NO__ x Sexual exploitation of a vulnerable adult

YES__ NO__ y Commercial sexual exploitation of a vulnerable adult

YES__ NO__ z Abuse of a vulnerable adult

YES__ NO__ aa Molestation of a vulnerable adult

YES__ NO__ bb Neglect of a vulnerable adult

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.

Applicant's Signature

Date