

APPLICATION TO
RENEW A SUBSTITUTE OR JROTC CERTIFICATE
ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

GENERAL INSTRUCTIONS AND INFORMATION: *Certificates may be renewed 6 months prior to expiration. Please submit the following:*

- A. A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (**IVP**) fingerprint card (plastic).
- B. A completed application and a \$20 money order, cashier's check or personal check **ONLY** for each certificate being renewed, made payable to the Arizona Department of Education (**ADE**). Fees are not refundable. **Cash 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:** _____

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

SECTION 2: CERTIFICATE(S) TO RENEW *Please select the certificate(s) you would like to renew:*

____ **Substitute (\$20)** ____ **JROTC (\$20)**

SECTION 3: 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__** j Sexual abuse of a minor **YES__ NO__** s First-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__** k Taking a child for the purpose of prostitution as prescribed in section 13-3206 **YES__ NO__** t Armed Robbery
 - YES__ NO__** c Sexual assault **YES__ NO__** l Child prostitution as in section 13-3212 **YES__ NO__** u Incest
 - YES__ NO__** d Molestation of a child **YES__ NO__** m Involving or using minors in drug offenses **YES__ NO__** v Exploitation of minors involving drug offenses
 - YES__ NO__** e Sexual conduct with a minor **YES__ NO__** n Continuous sexual abuse of a child **YES__ NO__** w Sexual abuse of a vulnerable adult
 - YES__ NO__** f Commercial sexual exploitation of a minor **YES__ NO__** o Attempted first-degree murder **YES__ NO__** x Sexual exploitation of a vulnerable adult
 - YES__ NO__** g Sexual exploitation of a minor **YES__ NO__** p Any other dangerous crime against children as defined in section 13-604.01 **YES__ NO__** y Commercial sexual exploitation of a vulnerable adult
 - YES__ NO__** h Child abuse **YES__ NO__** q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001 **YES__ NO__** z Abuse of a vulnerable adult
 - YES__ NO__** i Kidnapping **YES__ NO__** r Any offense causing you to register as a sex offender **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 _____