

APPLICATION FOR CERTIFICATION

For use in requesting certificates and endorsements.

ARIZONA DEPARTMENT OF EDUCATION - CERTIFICATION UNIT
Mailing Address Phoenix office: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: 602.542.4367
Physical Address: 1535 W. Jefferson, Phoenix, AZ 85007

INSTRUCTIONS AND INFORMATION:

Step 1: Obtain a valid AZ DPS Identity Verified Print (IVP) fingerprint clearance card. You may order an “IVP” packet by calling AZ DPS at (602) 223-2279.

Step 2: Mail the following to: ADE – Certification Unit, PO Box 6490, Phoenix, AZ 85005-6490:

- ✓ Completed Application for Certification.
- ✓ A **CHECK OR MONEY ORDER** for the amount due, made payable to the Arizona Department of Education (ADE).
- ✓ A photocopy of your valid AZ DPS IVP fingerprint clearance card (plastic)
- ✓ Official transcripts (required for most certificates). Photocopies will not be accepted.

Step 3: The Certification Unit will review your application to determine if you meet Certification requirements.



Please Note: Certification fees will not be refunded even if you do not qualify for the certificate or endorsement you are applying for.

*Other documents that **may** be required.* Please refer to the Downloadable Certification Requirements at www.azed.gov/certification for a detailed list of requirements for certificates and endorsements.

- ✓ **Explanation of [Incident form](#)**- Required if you answer “Yes” to any Criminal History Questions.
- ✓ **Verification of State [Approved SEI training](#)**- If you are applying for a Provisional or full SEI endorsement, submit a copy of the certificate of training OR an official transcripts showing completion of an approved SEI course(s).
- ✓ **Educator Certification Exam score reports** - See “[Downloadable Certification Requirements](#)” for specific exam requirements.
- ✓ **Verification of [Teaching Experience form](#)** – Required if you are applying for a waiver of student teaching OR a waiver of the Professional Knowledge exam requirement OR if the certificate or endorsement you are applying for requires teaching experience.
- ✓ **Verification of [CTE Work Experience form](#)** – Required if you are applying for a Career and Technical Education certificate.

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

Social Security Number _____ - - _____ **Date of Birth:** ____ / ____ / _____ **Gender:** M/F

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or PO Box City State Zip
 () _____
Telephone Number Email address

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 (check all that apply)

SUBSTITUTE ----- \$60

TEACHING CERTIFICATES

<input type="checkbox"/> ELEMENTARY (1-8) -----	\$60	<input type="checkbox"/> EARLY CHILDHOOD (Birth-Grade 3) -----	\$60
<input type="checkbox"/> Approved Elementary Area -----	\$60	<input type="checkbox"/> SECONDARY (7-12) (ONE APPROVED AREA) -----	\$60
<input type="checkbox"/> ARTS EDUCATION(Pre K-12 -----		<input type="checkbox"/> Additional Approved Secondary Area -----	\$60
<i>Select One:</i> -----	\$60	<input type="checkbox"/> Specialized Secondary-STEM -----	\$60
<input type="checkbox"/> <i>Art</i> <input type="checkbox"/> <i>Dance</i> <input type="checkbox"/> <i>Dramatic Arts</i> <input type="checkbox"/> <i>Music</i>		<input type="checkbox"/> STEM Area -----	

SPECIAL EDUCATION K-12

<input type="checkbox"/> CROSS-CATEGORICAL (ED, LD, ID, O/HI) -----	\$60	<input type="checkbox"/> INTELLECTUAL DISABILITY -----	\$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 (CTE) K-12

<input type="checkbox"/> AGRICULTURE, OPTION <u>A</u> , <u>B</u> , <u>C</u> , <u>D</u> OR <u>E</u> -----	\$60	<input type="checkbox"/> EDUCATION AND TRAINING, OPTION <u>A</u> , <u>B</u> , <u>C</u> , <u>D</u> OR <u>E</u> -----	\$60
<input type="checkbox"/> BUSINESS AND MARKETING, OPTION <u>A</u> , <u>B</u> , <u>C</u> , <u>D</u> OR <u>E</u> -----	\$60	<input type="checkbox"/> HEALTH CAREERS, OPTION <u>A</u> , <u>B</u> , <u>C</u> , <u>D</u> OR <u>E</u> -----	\$60
<input type="checkbox"/> FAMILY AND CONSUMER SCIENCES, OPTION <u>A</u> , <u>B</u> , <u>C</u> , <u>D</u> OR <u>E</u> -----	\$60	<input type="checkbox"/> INDUSTRIAL AND EMERGING TECHNOLOGIES, OPTION <u>A</u> , <u>B</u> , <u>C</u> , <u>D</u> OR <u>E</u> -----	\$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 (PRE K-12) -----	\$60	<input type="checkbox"/> SPEECH-LANGUAGE TECHNICIAN (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"/> NATIVE AMERICAN LANGUAGE (PRE K-12) -----	\$60

ENDORSEMENTS

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

<input type="checkbox"/> ART -----	\$60	<input type="checkbox"/> LIBRARY MEDIA SPECIALIST -----	\$60
<input type="checkbox"/> COMPUTER SCIENCE -----	\$60	<input type="checkbox"/> MATHEMATICS ENDORSEMENT K-8 -----	\$60
<input type="checkbox"/> COOPERATIVE EDUCATION (CTE Certificate Required) -----	\$60	<small>(Elementary or Special Ed. Certificate Required)</small>	
<input type="checkbox"/> DANCE -----	\$60	<input type="checkbox"/> MIDDLE GRADE (5-9) -----	\$60
<input type="checkbox"/> DRAMATIC ARTS -----	\$60	<input type="checkbox"/> MUSIC -----	\$60
<input type="checkbox"/> DRIVER'S EDUCATION -----	\$60	<input type="checkbox"/> PHYSICAL EDUCATION -----	\$60
<input type="checkbox"/> EARLY CHILDHOOD (BIRTH-AGE 8/GRADE 3) -----	\$60	<input type="checkbox"/> PROVISIONAL BILINGUAL- LANGUAGE: -----	\$60
<input type="checkbox"/> FULL BILINGUAL LANGUAGE -----	\$60	<input type="checkbox"/> PROVISIONAL ENGLISH AS A SECOND LANGUAGE -----	\$60
<input type="checkbox"/> FULL ENGLISH AS A SECOND LANGUAGE -----	\$60	<input type="checkbox"/> LIBRARY MEDIA SPECIALIST -----	\$60
<input type="checkbox"/> FULL GIFTED -----	\$60	<input type="checkbox"/> READING ENDORSEMENT, GRADES - (Select One:) -----	\$60
<input type="checkbox"/> STRUCTURED ENGLISH IMMERSION- FULL -----	\$60	<input type="checkbox"/> ____ K-8 ____ 6-12 ____ K-12	
		<input type="checkbox"/> PROVISIONAL GIFTED -----	\$60
		<input type="checkbox"/> STRUCTURED ENGLISH IMMERSION-PROVISIONAL -----	\$60

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SECTION 3: EDUCATION

ARIZONA DEPARTMENT OF EDUCATION - CERTIFICATION UNIT

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



Did you:

- Check all certificate(s) and endorsement(s) you are applying for?
- Indicate an approved area if applying for a Secondary certificate?
- Answer all Criminal History questions, sign, and date the application?
- Include a statement for any “Yes” responses to Criminal History questions?
- Submit a check or money order for the correct amount?
- Submit all required documentation?

Mail application and all other materials to:

Arizona Department of Education-Teacher Certification
POB 6490
Phoenix, AZ 85005-6490