

APPLICATION FOR TEACHING INTERN CERTIFICATE

ADE – Certification Unit, P.O. Box 6490, Phoenix, AZ 85005-6490 Phone: (602) 542-4367

Alternative Path to Certification Director Phone: (602) 364-3553

The Teaching Intern certificate entitles the holder to enter into a teaching contract while completing the requirements for an Arizona Provisional teaching certificate. The candidate shall be enrolled in an Arizona State Board authorized alternative path to certification program or an Arizona State Board approved teacher preparation program.

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

1. Completed **Application for Teaching Intern Certificate**. This application is only processed through the Phoenix office.
2. A money order, cashier's check or personal check **ONLY** for \$60 made payable to the Arizona Department of Education (ADE). Fees are **not** refundable. **Cash will not be accepted.**
3. A photo copy of your valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety (602) 223-2279
4. A Bachelor's or more advanced degree from an accredited institution. Official transcript(s) must be submitted.
5. A passing score on one or more subject knowledge portions of the Arizona Educator Proficiency Assessment (AEPA) which corresponds to the applicant's teaching assignment(s). If a proficiency assessment is not offered in the subject area, 24 semester hours of coursework in the subject area is required. Official transcript(s) must be submitted.
6. Official Verification Form generated and signed by the school district principal and Human Resource Director indicating grade level/content teaching and name of school.
7. Teaching Intern Requirements Acknowledgement Form provided by school district and signed by teaching intern indicating understanding requirements and timeline of the teaching intern certificate.

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: 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 _____