

APPLICATION FOR RENEWAL OF CERTIFICATE

ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

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A SIX (6) YEAR CERTIFICATE MAY BE RENEWED WITHIN SIX (6) MONTHS OF ITS EXPIRATION DATE. FOR USE IN RENEWING THE FOLLOWING CERTIFICATES: STANDARD, ADULT EDUCATION, ADMINISTRATIVE, GUIDANCE COUNSELOR, SCHOOL PSYCHOLOGIST, ATHLETIC COACHING, SPEECH AND LANGUAGE IMPAIRED, SPEECH AND LANGUAGE TECHNICIAN AND SPEECH AND LANGUAGE PATHOLOGIST.

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. A completed application and \$20 per certificate renewal, payable by money order, cashiers check or personal check **ONLY** to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**
- C. District verification of professional development training (District Superintendent or Personnel Director's signature is required on page 2), **OR**
- D. An official transcript(s) of academic course work completed during the valid period of the certificate to be renewed from an accredited institution. An institution sealed envelope is not required. Photocopies will not be accepted.

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:** _____ Check box if you want to receive ADE updates via e-mail.
(Home)

Ethnicity: ____ Asian or Pacific Islander ____ Black or African-American (Non-Hispanic) ____ Hispanic or Latino
 ____ White (Non-Hispanic) ____ American Indian or Alaskan Native ____ Other
(Gender and Ethnicity are requested for federal reporting purposes only.)

CRIMINAL HISTORY – Answer every question, sign and date:

➤ If **“YES”** is indicated for any of the following questions, please **attach a full statement of the offense to this application.** This statement must be provided each time you make application for any certification services.

- 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?

Please answer each question below:

- | | | |
|--|---|---|
| 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 less than 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 or representation 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

RENEWAL PROCEDURES:

- **Standard, Administrative, Guidance Counselor and School Psychologist** Certificates may be renewed upon completion of 180 clock hours of professional development activities or 12 semester hours of education coursework posted on official transcripts or a combination of the two, completed during the valid period of the certificate.
- ***Alignments:** An individual holding multiple valid certificates may renew all certificates at one time in order to align the expiration dates of each certificate. Certificates being aligned shall be renewed at the same time as the certificate that will expire first. Individuals seeking to align certificates shall meet the renewal requirements for **EACH** certificate being aligned. **Any** certificate to be aligned requires 180 clock hours of professional development activities or 12 semester hours of education coursework posted on official transcripts or a combination of the two, completed during the valid period of that certificate. Current certificates aligned pursuant to this section may be valid for less than six years.
- For renewal of the **Standard Adult Education** Certificate and **Athletic Coaching** Certificate, completion of 60 clock hours in a professional development program is required. The **Athletic Coaching** Certificate renewal also requires a valid certification in first aid and cardiopulmonary resuscitation (CPR).
- All persons holding a valid **Elementary, Secondary, Arts Education PreK-12, Principal, Superintendent, Supervisor, Career and Technical Education** or **Special Education** Arizona Certificate must show proof of 15 clock hours or 1 semester hour of Structured English Immersion (SEI) State Board approved training to meet the requirement of the **Provisional SEI Endorsement** and have it added to their certificate(s). Persons holding a full English as a Second Language (ESL) endorsement or a full Bilingual endorsement do not need to obtain the SEI endorsement.
- **Effective January 1, 2007**, the **Speech and Language Impaired** certificate was repealed and replaced with two professional non-teaching certificates: Speech-Language Technician and Speech-Language Pathologist. Individuals who are currently certified under a Standard Speech and Language Impaired certificate must submit an official transcript posting their highest degree in Speech-Hearing Sciences, Speech-Language Pathology or Communication Disorders. Upon renewal, speech therapists at the Master’s level will be issued a Speech-Language Pathologist certificate and speech therapists at the Bachelor’s level will be issued a Speech-Language Technician certificate. The Provisional SEI endorsement will not be required for renewal of the Standard Speech and Language Impaired certificate.
- A certificate may be renewed within one year after it expires if the individual is not employed under the certificate. Those who hold certificates that have expired for more than one year must reapply for certification under the requirements in effect at the time of application.

One or more of the following activities may be used to satisfy professional development requirements:

Professional Development Activities:	Documentation Required:
Academic courses related to education or a subject area taught in Arizona public schools.	Official transcripts from an accredited institution. Each semester hour of courses is equivalent to 15 hours of professional development.
District or school-sponsored in-service training specifically designed for professional development.	Written verification from the sponsoring district or school stating the dates of participation and number of clock hours earned.
Professional (education-related) conferences and workshops.	Conference agenda and a statement or certificate from the sponsoring organization noting clock hours earned in training sessions. Limited to 30 clock hours per year.
Business internship. Internship shall be based on an agreement between a business and a district or school with the stated objective of aligning teaching curriculum with workplace skills.	Written verification by the sponsoring business and district or school stating the dates of participation and number of clock hours earned. Limited to 80 clock hours.
Educational research. Research shall be sponsored by a research facility or an accredited institution or funded by a grant.	The published report of the research or verification by the sponsoring agency and a statement of the dates of participation and the number of clock hours earned.
Serving in a leadership role of a professional organization.	Written verification by the governing body of the professional organization of the dates of service and clock hours earned. Limited to 30 clock hours per year.
Serving on a visitation team for a school accreditation agency.	Written verification from the accreditation agency of the dates of service and clock hours earned. Limited to 60 hours per year.
Completion of the process for certification by the National Board of Professional Teaching Standards.	Written verification from the National Board of Professional Teaching Standards and a statement from the employing district or school verifying the dates and clock hours earned during the certification process.

Professional Development Program Verification:

I verify that this applicant has completed _____ clock hours of professional development activities during the last valid period of the following certificates to be **RENEWED**: _____

I verify that this applicant has completed _____ clock hours of professional development activities during the last valid period of the following certificates to be **ALIGNED** (Enter “None” if there are no certificates to be aligned.): _____

Verified By: _____
(Signature of Superintendent or HR Director)

Date: _____

Title: _____

School District: _____

Academic Courses:

I verify completion of _____ semester hours of education or subject area courses taken from an accredited institution during the valid period of my certificate. I have enclosed official transcripts:

Verified By: _____
(Signature of Applicant)

Date: _____

*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY (30) DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE AT WWW.AZED.GOV/CERTIFICATION. 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.