

# APPLICATION FOR AN EXTENSION OF THE PROVISIONAL FOREIGN TEACHER TEACHING CERTIFICATE

*This certificate is required for a teacher or professor from any foreign country, state, territory or possession of the United States contracted through the Foreign Teacher Exchange Program or other foreign teacher recruitment programs approved by the United States Department of State. It is issued in the areas of early childhood education, elementary education, secondary education, special education, and career and technical education. The Provisional certificate is valid for 1 year and may be extended 1 year.*

## 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. Consent verification letter of intent to hire from the contracting governing board, the education service agency, the charter holder, or the Arizona Board of Regents indicating grade level placement and school district signed by the district Superintendent or HR director.

**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:** \_\_\_\_\_  Check box if you want to receive  
(Home) (Home) ADE updates via email.

**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**

**TEACHING CERTIFICATES:**

___ ELEMENTARY (K-8)..... \$20	___ EARLY CHILDHOOD..... \$20
___ APPROVED AREA ELEMENTARY - AREA..... \$20	___ SECONDARY (7-12)(ONE APPROVED AREA)- AREA..... \$20
___ ARTS EDUCATION (PreK-12)..... \$20	___ ADDITIONAL APPROVED AREA SECONDARY- AREA..... \$20
<b>(Select One:)</b>	
___ART ___DANCE ___DRAMATIC ARTS ___MUSIC	

**SPECIAL EDUCATION (K-12):**

___ CROSS-CATEGORICAL (ED, LD, MR, O/HI)..... \$20	___ MENTAL RETARDATION ..... \$20
___ EARLY CHILDHOOD (BIRTH TO AGE 5)..... \$20	___ SEVERELY AND PROFOUNDLY DISABLED ..... \$20
___ EMOTIONAL DISABILITY..... \$20	___ VISUALLY IMPAIRED ..... \$20
___ HEARING IMPAIRED..... \$20	
___ LEARNING DISABILITY..... \$20	

**CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):**

___ AGRICULTURE..... \$20	___ HEALTH CAREERS..... \$20
___ BUSINESS AND MARKETING..... \$20	___ INDUSTRIAL TECHNOLOGY..... \$20
___ FAMILY AND CONSUMER SCIENCES..... \$20	

**\*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN 30 DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE. 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.**

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(CONTINUED)**

**SECTION 3: 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. 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?
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       | YES___ NO___ | k Taking a child for the        | YES___ NO___ | t Armed Robbery            |
|              | resulting in serious       |              | purpose of prostitution as      | YES___ NO___ | u Incest                   |
|              | physical injury or         |              | prescribed in section 13-3206   | YES___ NO___ | v Exploitation of minors   |
|              | involving the discharge,   | YES___ NO___ | l Child prostitution as         |              | involving drug offenses    |
|              | use or threatening         |              | prescribed in section 13-3212   | YES___ NO___ | w Sexual abuse of a        |
|              | exhibition of a deadly     | YES___ NO___ | m Involving or using minors     |              | vulnerable adult           |
|              | weapon or dangerous        |              | in drug offenses                | YES___ NO___ | x Sexual exploitation of a |
|              | instrument against a minor | YES___ NO___ | n Continuous sexual abuse of a  |              | vulnerable adult           |
|              | under fifteen years of age |              | child                           | YES___ NO___ | y Commercial sexual        |
| YES___ NO___ | c Sexual assault           | YES___ NO___ | o Attempted first-degree murder |              | exploitation of a          |
| YES___ NO___ | d Molestation of a child   | YES___ NO___ | p Any other dangerous crime     | YES___ NO___ | vulnerable adult           |
| YES___ NO___ | e Sexual conduct with a    |              | against children as defined in  | YES___ NO___ | z Abuse of a vulnerable    |
|              | minor                      |              | section 13-604.01               |              | adult                      |
| YES___ NO___ | f Commercial sexual        | YES___ NO___ | q Any of the above listed       | YES___ NO___ | aa Molestation of a        |
|              | exploitation of a minor    |              | offenses if committed as a      |              | vulnerable adult           |
| YES___ NO___ | g Sexual exploitation of a |              | reparatory offense as           | YES___ NO___ | bb Neglect of a vulnerable |
|              | minor                      |              | described in section 13-1001    |              | adult                      |
| YES___ NO___ | h Child abuse              | YES___ NO___ | r Any offense causing you to    |              |                            |
| YES___ NO___ | i Kidnapping               |              | register as a sex offender      |              |                            |

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