

APPLICATION FOR A ONE-TIME EXTENSION OF A PROVISIONAL CERTIFICATE

For use in requesting an extension of a Provisional Elementary, Secondary, Arts Education PreK-12, Special Education and Early Childhood Certificate.

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. Verification of state approved Structured English Immersion (SEI) training. Note: Individuals who hold a full Bilingual or full ESL endorsement are exempt from the SEI endorsement requirement.
 - ◆ If you were initially certified **before** August 31, 2006, submit a certificate verifying 15 clock hours, or an official transcript verifying 1 semester hour, of approved SEI Provisional training to add the Provisional SEI endorsement.
 - ◆ If you were initially certified **on or after** August 31, 2006, submit a certificate verifying 45 clock hours, or an official transcript verifying 3 semester hours, of approved SEI Provisional training to add the Provisional SEI endorsement.
- C. A completed application and a \$20 money order, cashiers check or personal check **ONLY** for each certificate extension, made payable to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**

PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK) (Gender and Ethnicity are requested for federal reporting purposes only)

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

I would like to extend my Provisional Elementary, Secondary, Arts Education PreK-12, Special Education, or Early Childhood Certificate. (Circle)

I HAVE NOT BEEN EMPLOYED IN A FULL-TIME TEACHING POSITION FOR 4 SEMESTERS OR TWO SCHOOL YEARS AND REQUEST A ONE-TIME TWO-YEAR EXTENSION.

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 ___
 - 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 ___
 - c Sexual assault YES ___ NO ___
 - d Molestation of a child YES ___ NO ___
 - e Sexual conduct with a minor YES ___ NO ___
 - f Commercial sexual exploitation of a minor YES ___ NO ___
 - g Sexual exploitation of a minor YES ___ NO ___
 - h Child abuse YES ___ NO ___
 - i Kidnapping YES ___ NO ___
 - j Sexual abuse of a minor YES ___ NO ___
 - k Taking a child for the purpose of prostitution as prescribed in section 13-3206 YES ___ NO ___
 - l Child prostitution as prescribed in section 13-3212 YES ___ NO ___
 - m Involving or using minors in drug offenses YES ___ NO ___
 - n Continuous sexual abuse of a child YES ___ NO ___
 - o Attempted first-degree murder YES ___ NO ___
 - p Any other dangerous crime against children as defined in section 13-604.01 YES ___ NO ___
 - q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 YES ___ NO ___
 - r Any offense causing you to register as a sex offender YES ___ NO ___
 - s First-degree murder YES ___ NO ___
 - t Armed Robbery YES ___ NO ___
 - u Incest YES ___ NO ___
 - v Exploitation of minors involving drug offenses YES ___ NO ___
 - w Sexual abuse of a vulnerable adult YES ___ NO ___
 - x Sexual exploitation of a vulnerable adult YES ___ NO ___
 - y Commercial sexual exploitation of a vulnerable adult YES ___ NO ___
 - z Abuse of a vulnerable adult 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 _____

*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY 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.