

APPLICATION FOR CONVERSION OF A PROVISIONAL ELEMENTARY, SECONDARY, ARTS EDUCATION PREK-12, SPECIAL EDUCATION, OR EARLY CHILDHOOD CERTIFICATE

Certificate may be converted 2 months prior to expiration.

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. A completed application and a \$30 money order, cashiers check or personal check **ONLY** for each certificate being converted, made payable to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**
- C. Verification of state approved Structured English Immersion (SEI) training. Note: If you have held the Provisional SEI endorsement for 3 or more years you must qualify for the Full SEI endorsement. 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.

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)

I WOULD LIKE TO CONVERT MY:

- Provisional Elementary Certificate** Provisional Secondary Certificate
- Provisional Arts Education PreK-12 Certificate Provisional Special Education Certificate
- Provisional Early Childhood Certificate

VERIFIED TEACHING EMPLOYMENT:

I verify that this applicant has: Four semesters OR Two years of full-time teaching experience under the provisional certificate.

Signature of Superintendent/Personnel Officer

Title

Name of School or District

Date

** FOR ELEMENTARY CERTIFICATES ONLY

Forty-five clock hours OR three semester hours of instruction in research-based systematic phonics is required. An accredited institution or other provider may present this instruction.

Please submit either a letter from the school district or provider verifying the 45 clock hours OR an official transcript to verify semester hours.

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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?**

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