

APPLICATION TO REMOVE DEFICIENCIES

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. Complete this application and submit a \$20 money order, cashiers check or personal check **ONLY** made payable to the Arizona Department of Education (ADE). **Fees are not refundable. Cash will not be accepted.**
- C. Official transcript(s), 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:** _____
(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)

PLEASE PLACE AN "X" ON THE LINE NEXT TO THE REQUESTED SERVICE:

I have the following deficiencies:

____ Arizona Constitution ____ U.S. Constitution ____ Valid Arizona Fingerprint Clearance Card (plastic)

____ I have enclosed my official transcripts.

____ I have requested my official transcripts be mailed to your department from the following College(s) and/or Universities:

____ I have enclosed copies of official Arizona Constitution and/or U.S. Constitution test results

____ I have enclosed a valid Arizona Fingerprint Clearance Card (plastic)

*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