**Application for Teacher Certification**

For Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Cert. Expired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transcript Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEU Credits Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Cert. Issued: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Certificate Issued:

Paraprofessional \_\_\_\_\_\_\_\_\_

Elementary Teacher \_\_\_\_\_\_\_\_\_

Middle School Teacher \_\_\_\_\_\_\_\_\_

Secondary Teacher \_\_\_\_\_\_\_\_\_

Counselor \_\_\_\_\_\_\_\_\_

Administrator \_\_\_\_\_\_\_\_\_

Endorsement # 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endorsement # 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**Instructions:**

1. Ensure all lines are filled in correctly
2. Ensure sure application is signed at the bottom
3. Ensure sure transcripts are included (new certification)
4. Ensure sure CEU credits (5) are included (renewal)
5. Make sure application fee is included (circle)
   1. $30 (new applicant)
   2. $20 (renewal)
   3. $15 (upgrade)
   4. $50 (expired renewal)

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**Personal Information:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Maiden name (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification Desired (Circle)**

Paraprofessional Elementary Teacher Counselor

Early Childhood Middle School Teacher Administrator

Secondary Teacher

**Certification Type (Circle):** This is a New application This is a renewal of an existing certification

**Educational Information:**

**Number of Semester or Quarter hours in Major field:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Semester or Quarter hours in Minor field:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Dates Attended** | **Degree Level** | **Major Field** | **Minor Field** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Teaching Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **Dates Taught** | **Position** | **Subject Area Taught** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Total Experience:**

**Years teaching in Christian schools: \_\_\_\_\_\_\_\_\_\_\_**

**Years teaching in non-Christian Schools: \_\_\_\_\_\_\_\_\_\_\_**

**Total Years teaching: \_\_\_\_\_\_\_\_\_\_\_**

***I subscribe that the above information is accurate and to the GACS statement of faith, without reservation***

**Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

***Approval of Applicant by Member School***

***(An Administrator or board member must certify verification of employment and recommendation)***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**