

APPLICATION FOR CERTIFICATION

For use in requesting certificates and/or endorsements.

ARIZONA DEPARTMENT OF EDUCATION - CERTIFICATION UNIT
Mailing Address Phoenix office: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: 602.542.4367
Physical Address: 1535 W. Jefferson, Phoenix, AZ 85007

GENERAL INFORMATION

This form is used to apply for initial issuance of most educator certificates, and to add additional approved areas and endorsements to existing certificates. Before applying for certification, please refer to the [Downloadable Certification Requirements](#) for information on required documentation for the certificate, endorsement or additional approved area you are seeking.

INSTRUCTIONS

Step 1: Obtain a valid Arizona Department of Public Safety Identity Verified Prints (AZ DPS IVP) Fingerprint Clearance Card. You may apply for the AZDPS IVP card online through the [Arizona Department of Public Safety Website](#) or call (602) 223-2279 to order an AZDPS IVP packet.

Step 2: Submit the following:

- Completed Application.
 - Check the appropriate certificate(s) you are requesting. If you are applying for a Secondary certificate you must indicate one approved area.
 - Answer **every** Background Question, sign and date the application.
 - If you answer “Yes” to any Background questions, you must submit a completed [Explanation of Incident form](#) for each incident, even if the incident was previously disclosed.
- A check or money order for the amount due, made payable to the Arizona Department of Education (ADE). Credit card payments (Visa and MasterCard) may be accepted for in-person applicants at the Phoenix Certification office.
- Official transcripts showing required degrees and/or coursework. Photocopies will not be accepted.

Note: Applicants who are using degrees or coursework completed through a foreign institute of higher education to meet certification requirements must submit a foreign equivalency evaluation. You may access a list of [foreign credentialing agencies here](#).
- If you hold a valid teaching or administrative certificate, license, or credential from another state and you are applying under [Arizona Reciprocity Rules](#), submit a photocopy of your out-of-state certificate.

Step 3: The Certification Unit will review your application to determine if you meet Certification requirements.

Please Note: Certification fees will not be refunded even if you do not qualify for the requested certificate, endorsement, or additional approved area.

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SECTION 3: EDUCATION

Please submit all applicable official transcripts bearing the original seal or stamp of the registrar.

COLLEGE OR UNIVERSITY

LOCATION, STATE

DEGREE/MAJOR

DATE AWARDED

- 1) _____
- 2) _____
- 3) _____

SECTION 4: PRACTICUM, STUDENT TEACHING AND TEACHING INTERNSHIPS

If you completed student teaching, please circle the grade-levels and Subject area(s): Birth – age 3, Pre-K, K 1 2 3 4 5 6 7 8 9 10 11 12

Subject area(s): _____ Dates: _____

SECTION 5: BACKGROUND QUESTIONS - ANSWER EVERY QUESTION, SIGN AND DATE

ATTENTION: 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, surrendered 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 offense?
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__ Attempted first-degree murder
YES__ NO__ 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__ Any other dangerous crime against children as defined in section 13-604.01
YES__ NO__ Sexual assault	YES__ NO__ Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001
YES__ NO__ Molestation of a child	YES__ NO__ Any offense causing you to register as a sex offender
YES__ NO__ Sexual conduct with a minor	YES__ NO__ First-degree murder
YES__ NO__ Commercial sexual exploitation of a minor	YES__ NO__ Armed Robbery
YES__ NO__ Sexual exploitation of a minor	YES__ NO__ Incest
YES__ NO__ Child abuse	YES__ NO__ Exploitation of minors involving drug offenses
YES__ NO__ Kidnapping	YES__ NO__ Sexual abuse of a vulnerable adult
YES__ NO__ Sexual abuse of a minor	YES__ NO__ Sexual exploitation of a vulnerable adult
YES__ NO__ Taking a child for the purpose of prostitution as prescribed in section 13-3206	YES__ NO__ Commercial sexual exploitation of a vulnerable adult
YES__ NO__ Child prostitution as prescribed in section 13-3212	YES__ NO__ Abuse of a vulnerable adult
YES__ NO__ Involving or using minors in drug offenses	YES__ NO__ Molestation of a vulnerable adult
YES__ NO__ Continuous sexual abuse of a child	YES__ NO__ Neglect of a vulnerable adult

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.

Applicant's Signature

Date

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Did you:

- Check all certificate(s) and endorsement(s) you are applying for?
- Indicate an approved area if applying for a Secondary certificate?
- Answer all Criminal History questions, sign, and date the application?
- Include a statement for any “Yes” responses to Criminal History questions?
- Submit a check or money order for the correct amount?
- Submit all required documentation?

Mail application and all other materials to:

Arizona Department of Education-Teacher Certification
PO Box 6490
Phoenix, AZ 85005-6490