

APPLICATION TO CONVERT A RECIPROCAL TEACHING CERTIFICATE

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

MAILING ADDRESS: P.O. BOX 6490, PHOENIX, AZ 85005-6490 • TELEPHONE: (602) 542-4367

GENERAL INFORMATION

This form may be used to convert a Reciprocal Provisional Teaching certificate to a Standard Teaching certificate.
Effective August 6, 2016

INSTRUCTIONS

Submit the following documents:

Checklist:

- A Completed **Application to Convert a Reciprocal Teaching Certificate**
 - Superintendent/Personnel Officer must complete “Verification of Teaching Experience” to verify four semesters or two years of full-time teaching experience during the valid term of the Reciprocal teaching certificate
 - Answer EVERY Criminal History question, sign and date the application.
 - If you answer “Yes” to any Criminal History questions, submit a completed [Explanation of Incident form](#).

- A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (AZDPS IVP) fingerprint card.

- Verification of a passing score on all required Arizona Educator Exams (NES or AEPA). Please see your Reciprocal Teaching Certificate Evaluation for specific exams requirements. If verification to meet exam requirements has previously been submitted and approved, it is not necessary to submit these documents again.

- Structured English Immersion (SEI) endorsement. Applicants must currently hold, or qualify for and apply to add, an SEI, full English as a Second Language (ESL) or full Bilingual endorsement. If you are applying for the full SEI endorsement, submit a copy of the SEI training certificate **or** an official transcript showing the approved SEI course.

- Arizona and US constitution requirements. Submit an official transcript **OR** exam score report documenting completion of the AZ and US constitution requirements.

- For Elementary Certificates Only: If your Reciprocal Elementary certificate has a Phonics deficiency, submit verification of 45 hours **or** three semester hours of instruction in research-based systematic phonics is required. An accredited institution or other provider may provide this instruction. Please submit a letter from the school district or provider verifying 45 clock hours of training **or** an official transcript to verify semester hours.

- Check or money order for the amount due, made payable to the Arizona Department of Education (ADE). Cash will not be accepted. Fees are: \$60 per Reciprocal Teaching certificate to be converted and \$60 if adding the SEI endorsement. **Please note:** Certification fees will not be refunded even if you do not qualify for the requested service.

** REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE. **

CERTIFICATION FEES WILL NOT BE REFUNDED.

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SECTION 4: CRIMINAL HISTORY - 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 __ | n Continuous sexual abuse of a child |
| 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 __ | o Attempted first-degree murder |
| YES __ NO __ | c Sexual assault | YES __ NO __ | p Any other dangerous crime against children as defined in section 13-604.01 |
| YES __ NO __ | d Molestation of a child | YES __ NO __ | q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001 |
| YES __ NO __ | e Sexual conduct with a minor | YES __ NO __ | r Any offense causing you to register as a sex offender |
| YES __ NO __ | f Commercial sexual exploitation of a minor | YES __ NO __ | s First-degree murder |
| YES __ NO __ | g Sexual exploitation of a minor | YES __ NO __ | t Armed Robbery |
| YES __ NO __ | h Child abuse | YES __ NO __ | u Incest |
| YES __ NO __ | i Kidnapping | YES __ NO __ | v Exploitation of minors involving drug offenses |
| YES __ NO __ | j Sexual abuse of a minor | YES __ NO __ | w Sexual abuse of a vulnerable adult |
| YES __ NO __ | k Taking a child for the purpose of prostitution as prescribed in section 13-3206 | YES __ NO __ | x Sexual exploitation of a vulnerable adult |
| YES __ NO __ | l Child prostitution as prescribed in section 13-3212 | YES __ NO __ | y Commercial sexual exploitation of a vulnerable adult |
| YES __ NO __ | m Involving or using minors in drug offenses | YES __ NO __ | z Abuse of a vulnerable adult |
| | | YES __ NO __ | aa Molestation of a vulnerable adult |
| | | YES __ NO __ | bb 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?

- Have the “Verification of Teaching Experience” section documenting two years of full-time teaching completed by the District Superintendent or Personnel Officer?
- Submit appropriate documentation to satisfy all deficiency requirements?
- 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?

Mail application and all other materials to:

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