

Georgia PSC Certification Application

Two Peachtree Street, Suite 6000, Atlanta, Georgia 30303-3141

Please Use Black Ink or Type

ALL DOCUMENTS SUBMITTED TO THE PSC BECOME THE PROPERTY OF THE COMMISSION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE PSC PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

Applications will not be processed until all supporting documentation has been received by the PSC.

1. Please use ALL CAPS and print your name as you wish it to appear on your certificate

Title Mr Ms Last name

First name Middle or Maiden Name

Social Security Number - - Date of Birth (MM/DD/YY) / /

Mailing Address

City State Zip Code -

Home Telephone - - Work Telephone - -

2. Employment Information: Must Be Completed.

I am currently employed in the following Georgia **public** school system (write N/A if not employed): _____

I am currently employed in the following Georgia **private** school system (write N/A if not employed): _____

3. Transaction(s) Requested: Fill in all that apply. For Middle Grades, list the areas of concentration. (i.e. MG-Math, MG-Science, etc.)

- Clear Renewable Certificate (Initial GA certificate-never held any type of certificate in GA previously) – List Field Names Below (\$20 fee may apply)
- Renewal (Current or expired GA Clear Renewable certificates only)- (\$20 fee may apply)
- Non-Renewable Certificate (Have not met requirements for Clear Renewable)- **Must be requested by a GA school system/agency employer** - (\$20 fee may apply)
- Convert Non-Renewable Certificate to Clear Renewable Status (Have satisfied ALL requirements for Clear Renewable) - (\$20 fee may apply)
- Upgrade to a Higher Certificate Level (Based on completion of a higher degree) - (\$20 fee may apply)
- Add a New Clear Renewable Certificate Field(s) (Have satisfied ALL requirements for Clear Renewable) – List Field Names Below - (\$20 fee may apply)
- Duplicate Certificate (Current valid GA certificates only) - (\$20 fee required)
- Name Change
- Delete Certificate Field – List Field Name Below (Voluntary Certificate Field Deletion Form must accompany this application.)

Field(s): _____

Fee submitted: (please indicate amount) \$_____ Note: Payment must be by cashier's check, money order, or online credit card payment (<http://www.teachgeorgia.org>) payable to the State of Georgia only. PERSONAL CHECKS ARE NOT ACCEPTED.

Personal Affirmation: False statements made in this application may constitute sufficient grounds to take action against, revoke or deny a certificate and may constitute grounds for legal action. **Failure to complete this block will result in your application being returned without processing.**

Fill-in the appropriate circle for each question. DO NOT include matters that the PSC has investigated and found "No Probable Cause" to take any disciplinary action. If you answer "yes" to any question, you MUST attach an explanation (your statement of what occurred) and documentation (court documents, termination letters, final orders, FBI background check, etc.) to this application to avoid delay. **THE PSC INVESTIGATES ALL "YES" ANSWERS.**

- (Y) (N) 1. Have you ever been dismissed, non-renewed, terminated or resigned while under investigation for allegations of or commission of a felony, a misdemeanor involving moral turpitude or a violation of any profession's code of ethics?
- (Y) (N) 2. Do you have any charges pending against you for committing a felony, a misdemeanor involving moral turpitude or a violation of any profession's code of ethics?
- (Y) (N) 3. Have you ever had any adverse action (i.e. warning, reprimand, suspension, revocation, voluntary surrender, etc.) taken against any professional certificate or license by any agency (in any state) **other than the Georgia Professional Standards Commission**?
- (Y) (N) 4. For any felony or for any misdemeanor offense involving moral turpitude, have you ever:
 - ◆ Pled guilty, ◆ Been granted first offender treatment without adjudication of guilt,
 - ◆ Been found guilty, ◆ Participated in a pre-trial diversion program, or
 - ◆ Entered a plea of nolo contendere, ◆ Been placed under a court order whereby an adjudication or sentence was withheld?

"moral turpitude" is defined at http://www.gapsc.com/professionalpractices/moral_turpitude.pdf

I affirm that to the best of my knowledge, all information is true and correct. I hereby give permission to the Professional Standards Commission to obtain copies of any criminal and personnel records relating to me which are held by any local, state or federal government agency or private entity, and authorize any such agency or entity to release those records to the Commission. I understand that this information may be shared with other states and other agencies in the event that any disciplinary action affecting my certification occurs.

Signature: _____ Date: _____ OVER

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Academic Record: (Transcripts previously submitted and retained need not be resubmitted.) List and attach **OFFICIAL** transcripts from **ALL** colleges and Georgia Staff Development programs attended. Attach an additional sheet if needed. Copies of college transcripts will **NOT** be accepted. If you attended institutions outside the United States, please **DO NOT** submit those official transcripts. Please submit a detailed course-by-course foreign credential evaluation report. Information regarding the credential report can be found at www.gapsc.com.

College, State	Dates Attended	Degree Earned	Check One		
			Transcript On File	Transcript Attached	Transcript Being Sent

Certification Record: List and submit copies of all **professional educator certificates/licenses** issued in another state, the District of Columbia, a U.S. territory, the Department of Defense Dependents Schools (DODDS), or the National Board for Professional Teaching Standards (NBPTS). For each state or jurisdiction, list the specific field and/or grade level held.

State/Jurisdiction	Field(s)/Grade Level(s)	Validity Period	Copy Attached	Copy Being Sent

Do you currently hold a **Georgia certificate**? Yes No

Did you previously hold a **Georgia certificate**? Yes No If so, please indicate the validity dates: _____

Do you currently hold **NBPTS certification**? Yes No If so, please include a copy with your application.

Assessment Record: List and submit copies of any **content/subject matter assessment(s)** you have passed as a requirement for certification in any state.

State/Jurisdiction	Content/Subject Matter Assessment(s)	Date Passed	Copy Attached	Copy Being Sent