



SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

Request for Change/Action

Alternative Licensure

Division of School Effectiveness
Office of Educator Services
8301 Parklane Road
Columbia, SC 29223
<http://ed.sc.gov> | web
(803)896-0368 | fax
altlicensure@ed.sc.gov | email

- To initiate action, please complete and submit this form along with supporting documentation to above address. Not all requests will result in correspondence being sent. Please utilize the *Alternative Licensure* section of our website (<http://ed.sc.gov>) to check the status of your request(s).
- Requests may be submitted by mail, fax, email, or hand-delivery to the contacts listed above. Transcripts must be official; opened or faxed transcripts will be marked "unofficial". Our office may be able to accept electronic transcripts from acceptable companies; please contact our office for more information.

Please print clearly or type the following information:

Last Name: _____		First Name: _____		Middle: _____		Cohort #: _____ (if applicable)	
Former Name: _____				Employing District (if applicable): _____			
Address: _____			City: _____		State: _____		Zip: _____
Email: _____			Home Phone: (____) _____		Work Phone: (____) _____		
I am currently applying for/ participating in: <input type="checkbox"/> PACE <input type="checkbox"/> Teach for America <input type="checkbox"/> ABCTE <input type="checkbox"/> CATE							

Please indicate the nature of your request in the area below:

- 1. Change my name and/or address as listed above.
- 2. Evaluate my file for the following alternative licensure area: _____
All official transcripts from _____ have been ordered or can be found with this form.
- 3. Evaluate and/or advance my license to the:
 Bachelor's +18 level Master's level Master's +30 level | Area: _____ Doctorate level.
All official transcripts from _____ have been ordered or can be found with this form.
- 4. Update my evaluation letter or statement of eligibility.
- 5. Send me an official copy of my current license. The \$10.00 fee (*check or money order only*) is enclosed with this form.
- 6. Other: _____

To request a course approval for required PACE courses, request a 1 year extension to complete the PACE requirements, or request a Professional Teaching License (upon completion of PACE) please submit the official forms. You may find these forms on our website at <http://ed.sc.gov/agency/se/Educator-Services/Alt-Licensure/AlternativeLicensureForms.cfm>.

Please submit this form only **once** using the link below or one method above to initiate your request; duplicate requests may delay processing and increase wait times. By completing the information below, you hereby confirm that you are the educator to which this form applies and fully agree with the results from the action items selected above.

Social Security Number: _____ - _____ - _____ **and/or License Number:** _____

Effective Date of Credential

If the State Department of Education (SCDE) receives the educator's request and all required documentation between

- May 1 and November 1: The change in status, if approved, will be effective July 1 of the same calendar year.
- November 2 and April 30: If the educator submitted the request within 45 days of fulfilling the requirements, the change in status, if approved, will be effective on the date that all requirements were satisfied OR December 31 for Bachelor's +18 and Master's +30 upgrades.
- November 2 and April 30: If the educator submitted the request more than 45 days *after* fulfilling the requirements, the change in status, if approved, will be effective on the date that all information was received by the SDE.

Status of requests can be confirmed from the Educator Licensure website. An official copy of the educator license will be provided only when an educator qualifies for a South Carolina license for the first time. All subsequent changes, additions or modifications to a license may be confirmed and printed by the educator from the View Licensure Status page on our secure website at <http://ed.sc.gov>.