

PACE Request for Professional Certificate
South Carolina Department of Education | Office of Educator Services

8301 Parklane Road
Columbia, South Carolina 29223

Certificate Number _____ School District _____

Name _____
Last First MI (Former Name, if any)

Address _____
Street, Apt # City, State Zip Code

Phone _____ E-mail address _____

The PACE participant must have completed all program requirements to advance to a professional certificate. Please provide the information in each area below.

1. **PACE Training:** All PACE training institutes and seminars have been completed successfully. Yes No
Cohort Number: _____

2. **Graduate Course Work:** Nine hours of college coursework completed with grades of B, or better, on official transcripts. Please check your certification area below to indicate your required course categories.

Library Media Specialist
 Special Education
 Other: _____

Course Title #1:

Semester/Year Completed: _____ Course Prefix/Number: _____

Name of Accredited College: _____

Official Transcript is on file with the Office of Educator Services Yes No | The course was pre-approved in the PACE Course Book or was approved through the PACE Course Approval Request process Yes No

Course Title #2:

Semester/Year Completed: _____ Course Prefix/Number: _____

Name of Accredited College: _____

Official Transcript is on file with the Office of Educator Services Yes No | The course was pre-approved in the PACE Course Book or was approved through the PACE Course Approval Request process Yes No

Course Title #3:

Semester/Year Completed: _____ Course Prefix/Number: _____

Name of Accredited College: _____

Official Transcript is on file with the Office of Educator Services Yes No | The course was pre-approved in the PACE Course Book or was approved through the PACE Course Approval Request process Yes No

3. **Principles of Learning and Teaching Exam** PLT K-6 PLT 5-9 PLT 7-12 Exempt (*Media Specialist*)

Test Date: _____ Official passing score report is on file with SCDE Yes No

4. Teaching Effectiveness

An analyst in the Office of Educator Services will review your ADEPT history to verify that you have completed three years of successful teaching, including a successful summative evaluation.

Please note that school districts have until June 20 to submit ADEPT results for the current academic year.

Signature _____ Date _____

You may check the status of this request and your educator certificate at all times by accessing the View Licensure Status link at <http://ed.sc.gov>. You may also print an unofficial copy of your current certificate from this page. An official copy of the certificate may be requested for a \$10.00 fee, payable by check or money order payable to SCDE.