



SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

Request for Change/Action
 Division of Federal, State, & Community Resources
 Office of Educator Services
 8301 Parklane Road
 Columbia, SC 29223
<http://ed.sc.gov> | web
 (803)896-0368 | fax
certification@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 *Educator Certification* 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:

SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		and/or Certificate ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Last Name: _____		First Name: _____	
MI: _____		Former Name: _____	
Address: _____		City: _____	
State: _____		Zip: _____	
Email: _____		Home Phone: (____) _____	
Work Phone: (____) _____		Employing School District (if applicable): _____	
<input type="checkbox"/> Change my name and/or address as listed above.		<input type="checkbox"/> I am currently applying for/participating in alternative certification.	

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

- 1. **Alternative Certification:** Evaluate my file for the following certification area(s) _____.
- 2. Evaluate my file for the certificate area _____ and add if applicable.
- 3. Evaluate and/or advance my certificate to the:
 - Bachelor's +18 level Master's level Master's +30 level | Area: _____
 - Doctorate level.
 All **official** transcripts from _____ have been ordered submitted or attached.
- 4. Add a one-year extension to my professional certificate for the 20____/20____ school year.
- 5. Add additional years of experience. (*Utilize the Verification of Teaching Experience form.*)
 - Apply experience from _____ for add-on purposes.
- 6. Renew my professional certificate. All required documentation has been submitted or is enclosed.
- 7. Send me an official copy of my current certificate. The \$10.00 fee (*check or money order only*) is enclosed.
- 8. Approve the attached course/program from _____ for the purpose of _____.
 (*Attach a detailed course/program description from the college or university.*)
- 9. Other: _____

Signature: _____ **Date:** _____

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