



South Carolina
Department of Education
Application for
Educator Licensure

Office of Educator Services
 8301 Parklane Road
 Columbia, South Carolina 29223

SECTION I

PERSONAL INFORMATION

Social Security Include copy of SS Card	Date of Birth* Month/Day/Year	Race* <input type="checkbox"/> Black- not Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White- not Hispanic <input type="checkbox"/> Other (please specify)	Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male
Name (Last)	(First)	(Middle)	(Any Former Names Used)
Preferred Mailing Address (Please provide changes of address to ensure that you receive communication from our office. Failure to do so may result in an inability to communicate with you.)			
(City)	(State)	(Country)	(Zip Code)
1st Telephone ()	2nd Telephone ()	E-Mail Address:	

SECTION II

LICENSURE INFORMATION

South Carolina Licensure					
Are you applying for: (Please check only one category.) <input type="checkbox"/> Academic license <input type="checkbox"/> PACE (Program of Alternative Certification for Educators) <input type="checkbox"/> Student Teaching - FBI background check clearance (Scheduled for student teaching - <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="text"/> Year) <input type="checkbox"/> ABCTE (American Board for Certification of Teaching Excellence) <input type="checkbox"/> TFA (Teach for America)					
Are you enrolled in or have you completed a regionally accredited teacher education program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which institution? (Required for Student Teaching App)			
Have you ever held a S.C. license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, License Number:			
In what South Carolina licensure areas are you requesting to be licensed?					
What education level are you requesting licensure?	Bachelor's <input type="checkbox"/>	<input type="checkbox"/> Bachelor's + 18 graduate hours	Master's <input type="checkbox"/>	<input type="checkbox"/> Master's + 30 graduate hours or Specialist	Doctorate <input type="checkbox"/>
Out of State or ABCTE Certification					
Do you hold a current regular license from another state or an ABCTE certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate state(s) or ABCTE : If yes, submit a copy.			
Areas of licensure in other state(s) or ABCTE:					

* Required by SC Code Ann. Section 59-25-130

NATIONAL BOARD CERTIFICATION			
Are you currently certified by the National Board for Professional Teaching Standards? If yes, submit a copy.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, in what area(s):	If yes, in which state were you teaching when certification was achieved?
PRAXIS SERIES TEST/ NATIONAL TEACHER EXAMINATION (NTE)/ or ABCTE TEST INFORMATION			
Have you taken any Praxis II subject area exams?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what month(s)/year(s)?
Have you taken the Principles of Learning and Teaching exam?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what month(s)/year(s)?
Did you take any National Teachers Exam (NTE) subject area exam (required through 06/30/99)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what month(s)/year(s)?
Have you taken the ABCTE Exam?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what month(s)/year(s)?

Please have your NTE/PRAXIS/ABCTE official scores sent to the Office of Educator Services.
 NTE/PRAXIS scores less than ten years old may be requested from:
NTE/The PRAXIS Series, ETS, P. O. Box 6051, Princeton, NJ 08541-6051

SECTION III

EDUCATION

Dates Attended		All Colleges or Universities Attended (Graduate and Undergraduate – beginning with most recent college experience)				
From Month/Year	To Month/Year	Name	Location	Degree	Date Degree Received Month/Year	Major

SECTION IV

EDUCATOR EXPERIENCE

(Teaching, counselor, administrative, etc. experience only—beginning with most recent)

Dates		Positions Held	Name, Addresses, and Telephone Numbers of Schools
From Month/Year	To Month/Year		
Total Number of Years of Educator Experience			Total Number of Years Educator Experience in SC

SECTION V

EMPLOYMENT RECORD

(Other than education and including part time—beginning with most recent employment experiences)

Dates		Position	Name and Address of Employer
From Month/Year	To Month/Year		

Note: Guidelines for work experience that will count towards educator experience can be found at <http://ed.sc.gov> Additional work experience information is required for PACE. The required form for PACE may be found at <http://ed.sc.gov/agency/se/Educator-Services/Alt-Licensure/pace/PACEForms.cfm>

SECTION VI

BACKGROUND CHECK

Yes Have you **ever** had a teaching license revoked, suspended, or denied by any state; or is there any action pending against your license or application in any state? (Academic ineligibility is not considered grounds for denial of a certificate). If Yes, you must state where your license was revoked, suspended, denied or where action is pending against your license or application.

City	State	Date	Reason for Action	Disposition

Yes Have you **ever** been convicted, pled guilty, entered a plea of no contest, or paid a fine for any criminal offense, other than a minor traffic violation such as speeding or driving too fast for conditions; or have you ever been arrested or ticketed for a criminal offense where the criminal charge is still pending? You must answer yes to this question for every conviction, plea or fine paid, no matter how long ago it occurred, unless the record of the criminal charge has been sealed or expunged by written court order. You also must answer yes to this question if you were ever arrested or ticketed and the charge was never formally dismissed, no matter how long ago the incident occurred. If you check yes, you must give the information requested for each criminal charge. Failure to answer this question accurately and/or failure to provide all of the requested information could result in denial of licensure.

City Where Arrested	State	Date of Arrest	Charge(s)	Disposition

SECTION VII

VERIFICATIONS AND ASSURANCES

Please check each item below, indicating your understanding and consent:

- I understand and consent that the State Department of Education will verify my licensure status in other states through the NASDTEC Educator Clearinghouse and will obtain my criminal record history through the Federal Bureau of Investigation, as required by S.C. Code Ann. Section 59-25-115.
- I understand and consent that the State Department of Education may at any time release certain information in my certification file to the institution(s) where I completed my teacher education and/or educational administration program(s) (if a South Carolina institution) and to any school district to which I am applying for employment. Such information may include evaluation results and employment contract status, pursuant to S.C. Code Ann. Section 59-26-30.
- I understand and consent that by submitting this certification application to the State Department of Education, I am verifying that all information contained in this application is accurate and that falsification of information, or failure to report accurate information, could be grounds for denial of certification pursuant to State Board of Education regulations.

Failure to check each item above could result in denial of your application for licensure

Signature

Date