

# APPLICATION TO EXTEND RECIPROCAL CERTIFICATE

(PER STATE BOARD RULE CHANGE)

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

## GENERAL INSTRUCTIONS AND INFORMATION

Effective May 4, 2015, the State Board of Education approved a rule change which allows Reciprocal teaching and Reciprocal administrative certificate holders to meet the requirements of passing the required Arizona educator exams and completing Structured English Immersion endorsement training within three years instead of one year. Educators who currently hold a one-year Reciprocal Teaching certificate or a one year Reciprocal Administrative certificate may use this form to apply to extend their certificate per the State Board rule change.

**Submit the following:**

### Checklist:

- Completed Application for Temporary Extension per Legislative Change
  - o Answer EVERY Criminal History Question, sign and date the application.
  - o If you answer “Yes” to any Criminal History questions, you MUST submit a completed [Explanation of Incident](#) form.
- A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (**IVP**) fingerprint card (plastic).
- A check or money order for the appropriate fee. The fee is \$20 per certificate to be extended. **Note:** Certification fees will not be refunded even if you do not qualify for the requested service.
- If you are certified in History, Political Science/American Government, or Middle Grade Social Studies and have an Arizona and/or US constitution deficiency you **MUST** submit official transcript(s) or exam score report(s) to satisfy these deficiencies and qualify for the extension.

## SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M / F  
(For identification purposes only)

**Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Mailing Address:** \_\_\_\_\_  
Street Number or P.O. Box City State Zip

**Telephone:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ **Email Address:** \_\_\_\_\_

**Ethnicity:** \_\_\_ American Indian or Alaskan Native \_\_\_ Black or African-American (Not-Hispanic) \_\_\_ White (Not-Hispanic)  
\_\_\_ Asian or Pacific Islander \_\_\_ Hispanic or Latino \_\_\_ Other  
(Gender and Ethnicity are requested for federal reporting purposes only)

## SECTION 2: CERTIFICATE(S) TO EXTEND

I am requesting a temporary extension of the following Reciprocal certificate(s) due to the State Board/legislative rule changes. I understand that if I am granted an extension I must satisfy ALL deficiency requirements by the expiration date of my extended certificate in order to maintain my qualification to teach in Arizona public schools.

\_\_\_ Reciprocal Provisional **Arts Education**  
(\$20)

\_\_\_ Reciprocal Provisional **Elementary**  
(\$20)

\_\_\_ Reciprocal Provisional **Special Education** (\$20 each)

\_\_\_ Reciprocal Provisional **Early Childhood**  
(\$20)

\_\_\_ Reciprocal Provisional **Secondary**  
(\$20)

\_\_\_ Reciprocal **Principal** (\$20)

\_\_\_ Reciprocal **Superintendent** (\$20)

\_\_\_ Reciprocal **Supervisor** (\$20)

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## SECTION 3: CRIMINAL HISTORY

Answer EVERY question, Sign and Date:

**ATTENTION:** If “YES” is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. YES\_\_ NO\_\_ Have you ever had any professional certificate or license, revoked or suspended?
2. YES\_\_ NO\_\_ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. YES\_\_ NO\_\_ Have you ever been convicted of any felony offense?
4. YES\_\_ NO\_\_ **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

- |            |   |            |   |
|------------|---|------------|---|
| YES__ NO__ | a Second-degree murder  | YES__ NO__ | n Continuous sexual abuse of a child  |
| YES__ NO__ | b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age | YES__ NO__ | o Attempted first-degree murder   |
| YES__ NO__ | c Sexual assault  | YES__ NO__ | p Any other dangerous crime against children as defined in section 13-604.01                            |
| YES__ NO__ | d Molestation of a child  | YES__ NO__ | q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001 |
| YES__ NO__ | e Sexual conduct with a minor   | YES__ NO__ | r Any offense causing you to register as a sex offender   |
| YES__ NO__ | f Commercial sexual exploitation of a minor   | YES__ NO__ | s First-degree murder   |
| YES__ NO__ | g Sexual exploitation of a minor  | YES__ NO__ | t Armed Robbery   |
| YES__ NO__ | h Child abuse   | YES__ NO__ | u Incest  |
| YES__ NO__ | i Kidnapping  | YES__ NO__ | v Exploitation of minors involving drug offenses  |
| YES__ NO__ | j Sexual abuse of a minor   | YES__ NO__ | w Sexual abuse of a vulnerable adult  |
| YES__ NO__ | k Taking a child for the purpose of prostitution as prescribed in section 13-3206   | YES__ NO__ | x Sexual exploitation of a vulnerable adult   |
| YES__ NO__ | l Child prostitution as prescribed in section 13-3212   | YES__ NO__ | y Commercial sexual exploitation of a vulnerable adult  |
| YES__ NO__ | m Involving or using minors in drug offenses  | YES__ NO__ | z Abuse of a vulnerable adult   |
|            |   | YES__ NO__ | aa Molestation of a vulnerable adult  |
|            |   | YES__ NO__ | bb Neglect of a vulnerable adult  |

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date