

APPLICATION FOR AN
**EXTENSION OF THE PROVISIONAL
FOREIGN TEACHER TEACHING CERTIFICATE**
ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367
Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

This certificate is required for a teacher or professor from any foreign country, state, territory or possession of the United States contracted through the Foreign Teacher Exchange Program or other foreign teacher recruitment programs approved by the United States Department of State. It is issued in the areas of early childhood education, elementary education, secondary education, special education, and career and technical education. The Provisional certificate is valid for 1 year and may be extended 1 year.

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A. One of the following:
 - 1. A photocopy of your valid Arizona **IVP** fingerprint card (plastic) issued on or after January 1, 2008; **OR**
 - 2. A photocopy of your valid Arizona Fingerprint clearance card (plastic) **issued prior to January 1, 2008.**
- B. Completed application and a money order, cashier's check or personal check **ONLY** for the amount due, made payable to the Arizona Department of Education (**ADE**). Fees are **not** refundable. **Cash will not be accepted.**
- C. Consent verification letter of intent to hire from the contracting governing board, the education service agency, the charter holder, or the Arizona Board of Regents indicating grade level placement and school district signed by the district Superintendent or HR director.
- D. Official transcripts or *SEI Certificate of Training* verifying 3 semester hours or 45 clock hours of state approved Structured English Immersion (SEI) training.

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:** _____ Check box if you want to receive ADE updates via email.
(Home) (Home)

Ethnicity: ____Asian or Pacific Islander ____Black or African-American (Not-Hispanic) ____Hispanic or Latino
____White (Not-Hispanic) ____American Indian or Alaskan Native ____Other

SECTION 2: CERTIFICATION TYPE AND FEES

TEACHING CERTIFICATES:

____ ELEMENTARY (K-8)..... \$20	____ EARLY CHILDHOOD..... \$20
____ APPROVED AREA ELEMENTARY - AREA..... \$20	____ SECONDARY (7-12)(ONE APPROVED AREA)- AREA..... \$20
____ ARTS EDUCATION (PreK-12)..... \$20	____ ADDITIONAL APPROVED AREA SECONDARY- AREA..... \$20
<small>(Select One:)</small>	
____ART ____DANCE ____DRAMATIC ARTS ____MUSIC	

SPECIAL EDUCATION CERTIFICATES (K-12):

____ CROSS-CATEGORICAL (ED, LD, MR, O/HI)..... \$20	____ MENTAL RETARDATION..... \$20
____ EARLY CHILDHOOD (BIRTH TO AGE 5)..... \$20	____ SEVERELY AND PROFOUNDLY DISABLED..... \$20
____ EMOTIONAL DISABILITY..... \$20	____ VISUALLY IMPAIRED..... \$20
____ HEARING IMPAIRED..... \$20	
____ LEARNING DISABILITY..... \$20	

CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

____ AGRICULTURE..... \$20	____ HEALTH CAREERS..... \$20
____ BUSINESS AND MARKETING..... \$20	____ INDUSTRIAL TECHNOLOGY..... \$20
____ FAMILY AND CONSUMER SCIENCES..... \$20	

ENDORSEMENT:

____ STRUCTURED ENGLISH IMMERSION (SEI).....\$60

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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