

APPLICATION FOR THE PROVISIONAL FOREIGN TEACHER TEACHING CERTIFICATE

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.

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

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. Verification of a valid J-1 or H1-B visa.
- E. Verification of a Bachelor's degree equivalent to a Bachelor's degree from the United States and a comparable out of country teacher preparation program in the requested area. A list of evaluation agencies is provided on our website at www.azed.gov/certification.
- F. Verification of a Passing Score on the Test of English as a Foreign Language (TOEFL) or a passing score on the International English Language Testing System (IELTS). See requirements for details.

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).....	\$60	___ EARLY CHILDHOOD.....	\$60
___ APPROVED AREA ELEMENTARY - AREA.....	\$60	___ SECONDARY (7-12)(ONE APPROVED AREA)- AREA.....	\$60
___ ARTS EDUCATION (PreK-12).....	\$60	___ ADDITIONAL APPROVED AREA SECONDARY- AREA.....	\$60

(Select One:)
 ___ART ___DANCE ___DRAMATIC ARTS ___MUSIC

SPECIAL EDUCATION (K-12):

___ CROSS-CATEGORICAL (ED, LD, MR, O/HI).....	\$60	___ MENTAL RETARDATION	\$60
___ EARLY CHILDHOOD (BIRTH TO AGE 5).....	\$60	___ SEVERELY AND PROFOUNDLY DISABLED	\$60
___ EMOTIONAL DISABILITY.....	\$60	___ VISUALLY IMPAIRED	\$60
___ HEARING IMPAIRED.....	\$60		
___ LEARNING DISABILITY.....	\$60		

CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

___ AGRICULTURE.....	\$60	___ FAMILY AND CONSUMER SCIENCES.....	\$60
___ BUSINESS AND MARKETING.....	\$60	___ HEALTH CAREERS.....	\$60
___ EDUCATION AND TRAINING.....	\$60	___ INDUSTRIAL AND EMERGING TECHNOLOGIES.....	\$60

***PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN 30 DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE. ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.**

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(CONTINUED)**

SECTION 3: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTN: 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?
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___ | j Sexual abuse of a minor | YES___ NO___ | s First-degree murder |
| 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___ | k Taking a child for the purpose of prostitution as prescribed in section 13-3206 | YES___ NO___ | t Armed Robbery |
| | | YES___ NO___ | l Child prostitution as prescribed in section 13-3212 | YES___ NO___ | u Incest |
| | | YES___ NO___ | m Involving or using minors in drug offenses | YES___ NO___ | v Exploitation of minors involving drug offenses |
| | | YES___ NO___ | n Continuous sexual abuse of a child | YES___ NO___ | w Sexual abuse of a vulnerable adult |
| YES___ NO___ | c Sexual assault | YES___ NO___ | o Attempted first-degree murder | YES___ NO___ | x Sexual exploitation of a vulnerable adult |
| YES___ NO___ | d Molestation of a child | YES___ NO___ | p Any other dangerous crime against children as defined in section 13-604.01 | YES___ NO___ | y Commercial sexual exploitation of a vulnerable adult |
| YES___ NO___ | e Sexual conduct with a minor | | q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001 | YES___ NO___ | z Abuse of a vulnerable adult |
| YES___ NO___ | f Commercial sexual exploitation of a minor | YES___ NO___ | | YES___ NO___ | aa Molestation of a vulnerable adult |
| YES___ NO___ | g Sexual exploitation of a minor | | r Any offense causing you to register as a sex offender | YES___ NO___ | bb Neglect of a vulnerable adult |
| YES___ NO___ | h Child abuse | YES___ NO___ | | | |
| YES___ NO___ | i Kidnapping | | | | |

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.

Date

Applicant's Signature