

APPLICATION TO  
**RENEW A SUBSTITUTE OR JROTC 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

**GENERAL INSTRUCTIONS AND INFORMATION:** *Certificates may be renewed 6 months prior to expiration. 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. A completed application and a \$20 money order, cashier's check or personal check **ONLY** for each certificate being renewed, made payable to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**

**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 RENEW** *Please select the certificate(s) you would like to renew:*

\_\_\_ **Substitute** (\$20)    \_\_\_ **JROTC** (\$20)

**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?**

<b>YES</b> ___ <b>NO</b> ___ a Second-degree murder <b>YES</b> ___ <b>NO</b> ___ 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 <b>YES</b> ___ <b>NO</b> ___ c Sexual assault <b>YES</b> ___ <b>NO</b> ___ d Molestation of a child <b>YES</b> ___ <b>NO</b> ___ e Sexual conduct with a minor <b>YES</b> ___ <b>NO</b> ___ f Commercial sexual exploitation of a minor <b>YES</b> ___ <b>NO</b> ___ g Sexual exploitation of a minor <b>YES</b> ___ <b>NO</b> ___ h Child abuse <b>YES</b> ___ <b>NO</b> ___ i Kidnapping	<b>YES</b> ___ <b>NO</b> ___ j Sexual abuse of a minor <b>YES</b> ___ <b>NO</b> ___ k Taking a child for the purpose of prostitution as prescribed in section 13-3206 <b>YES</b> ___ <b>NO</b> ___ l Child prostitution as in section 13-3212 <b>YES</b> ___ <b>NO</b> ___ m Involving or using minors in drug offenses <b>YES</b> ___ <b>NO</b> ___ n Continuous sexual abuse of a child <b>YES</b> ___ <b>NO</b> ___ o Attempted first-degree murder <b>YES</b> ___ <b>NO</b> ___ p Any other dangerous crime against children as defined in section 13-604.01 <b>YES</b> ___ <b>NO</b> ___ q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001 <b>YES</b> ___ <b>NO</b> ___ r Any offense causing you to register as a sex offender	<b>YES</b> ___ <b>NO</b> ___ s First-degree murder <b>YES</b> ___ <b>NO</b> ___ t Armed Robbery <b>YES</b> ___ <b>NO</b> ___ u Incest <b>YES</b> ___ <b>NO</b> ___ v Exploitation of minors involving drug offenses <b>YES</b> ___ <b>NO</b> ___ w Sexual abuse of a vulnerable adult <b>YES</b> ___ <b>NO</b> ___ x Sexual exploitation of a vulnerable adult <b>YES</b> ___ <b>NO</b> ___ y Commercial sexual exploitation of a vulnerable adult <b>YES</b> ___ <b>NO</b> ___ z Abuse of a vulnerable adult <b>YES</b> ___ <b>NO</b> ___ aa Molestation of a vulnerable adult <b>YES</b> ___ <b>NO</b> ___ bb Neglect of a vulnerable adult
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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 \_\_\_\_\_