

APPLICATION TO
RENEW A SUBSTITUTE OR JROTC CERTIFICATE
 ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

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

GENERAL INSTRUCTIONS AND INFORMATION: *Certificates may be renewed 6 months prior to expiration. Please submit the following:*

- A. A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (**IVP**) fingerprint card (plastic).
- 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?**

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 __ c Sexual assault	YES __ NO __ l Child prostitution as in section 13-3212	YES __ NO __ u Incest
YES __ NO __ d Molestation of a child	YES __ NO __ m Involving or using minors in drug offenses	YES __ NO __ v Exploitation of minors involving drug offenses
YES __ NO __ e Sexual conduct with a minor	YES __ NO __ n Continuous sexual abuse of a child	YES __ NO __ w Sexual abuse of a vulnerable adult
YES __ NO __ f Commercial sexual exploitation of a minor	YES __ NO __ o Attempted first-degree murder	YES __ NO __ x Sexual exploitation of a vulnerable adult
YES __ NO __ g Sexual exploitation of a minor	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 __ h Child abuse	YES __ NO __ 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 __ i Kidnapping	YES __ NO __ r Any offense causing you to register as a sex offender	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 _____