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PDE USE ONLY

CONTROL NO.

GENERAL APPLICATION FOR PENNSYLVANIA CERTI	FICATE
FORM PDE 338 G	
(Refer to instructions included with this 2 page form)	

APPLICANTS: Please note the following information in regard to your Social Security Number (SSN) DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)

AUTHORITY: 24 P.S. Section 1224.

PURPOSE(S): To be used for (1) registration and maintenance of records of all certificated persons as having met qualifications for teaching, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification, and (3) provision of certification data to authorized personnel and agencies. DISCLOSURE: Mandatory. Failure to disclose will prevent further processing of the application.

GECTION I DEDGONIAL		4	
1. Last Name	L INFORMATION (please print or First Name	Middle Initial	2. Maiden Name
3. Address			4. Date of Birth (mm/dd/yyyy)
City/State/Zip Code			5. Social Security Number
6. Telephone			7. E-Mail Address
Home/Cell ()	Work Phone ()		
8. Please list all former name(s)) beginning with the most recent		9. Are you a United States Citizen?
			$\Box Yes \\ \Box No$
			10.
Lost	First	MI	\Box Male
Last	Filst	IVII	
SECTION II-CERTIFICA	TION INFORMATION		
1. Date Initial Bachelor's Degr	ree conferred (Do not list Masters or Do	etorata laval dagraa o	only Baccalaureate degree)
1. Date mitial Daticiól's Degi	ce contened (Do not list Masters of Do	ctorate tever degree-c	my Daccalaureate degree)
Month/Year	Degree		College/University
2 Subject Area(s) and A digit (Code(s) of the certification area(s) for which	ch you are applying.	
2. Subject Area(s) and 4-digit (code(s) of the certification area(s) for which	en you are apprying.	
Subject Area	a 4-digit Cod	 le.	
	_		
SECTION III-HEALTH C	CERTIFICATE		
The He	ealth Certificate section must be comple	eted by a United Stat	es licensed physician
	n legally qualified to practice medicine a named applicant able to perform the		nited States or its capital; that I have and duties of a teacher, with or without
	The applicant does not, because of tub		
disability, pose a direct threa	at to the health or safety of others that c	cannot be eliminate	d by a reasonable accommodation.
Signature of Examining Physician			Date
		()	
State in which license	d State License No.	Daytir	me Phone Number

PDE 338 G (Revised 10/08)

Applicant Social	I Security Number:
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SECTION IV-BACKGROUND

Read and answer each question <i>carefully</i> ensure that you have selected the appropriate check box. Incorrectly
checking a box may significantly delay the processing of your application. Please refer to the instruction sheet for
further information.

1. Have you ever been the subject of a child abuse investigation or report? If yes, what was the resulting finding?	 No Unfounded Indicated Founded
 Are you currently the subject of any misconduct investigation by an employer? (If yes, refer to instructions) 	□ Yes □ No
3. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending, or under investigation? (If yes, refer to instructions)	□ Yes □ No
4. Is there disciplinary action pending by a licensing agency in this or any other state, territory, or country? (If yes, refer to instructions)	□ Yes □ No
5. Have you ever had any certificate or license for any profession denied, revoked, suspended, surrendered, or received a public reprimand in this or any other state, territory, or country? (If yes, refer to instructions)	□ Yes □ No
 6. Have you ever been convicted of a crime classified as a misdemeanor or felony in this state or any other state, territory, or country? (If yes, refer to instructions.) (For purposes of this question, convicted includes pleas of nolo contendre and guilty pleas. However, summary offenses do not need to be acknowledged.) 	□ Yes □ No
 7. Are criminal charges pending against you, or are you the subject of an inquiry or investigation by a law enforcement agency in this or any other state, territory, or country? (If yes, refer to instructions) 	□ Yes □ No

The Pennsylvania code of Professional Practice and Conduct for Educators, which may be found on the PDE website, sets forth the standards for professional practice for Pennsylvania professional educators. All professional educators are expected to conduct themselves in accordance with the Code. Failure to do so may result in professional discipline. Indicate that you have read the code by checking the box below.

□ I certify that I have read and will abide by the Code of Professional Practice and Conduct for Educators.

SECTION VI-AFFIDAVIT

I certify that the information provided in this application, including all statements, transcripts and documentation, are correct and true. I understand that the falsification of any statement or document may result in professional discipline, including revocation of my Pennsylvania certificate.

Signature of Applicant

INSTRUCTIONS FOR GENERAL APPLICATION - FORM PDE 338 G PRINT WITH DARK BLUE OR BLACK INK

SECTION I: Personal Information

- 1. Print your Last Name, First Name, and Middle Initial
- 2. Print your Maiden Name, if applicable
- 3. Print your complete Address and Zip Code
- 4. Print your Date of Birth
- 5. Print your Social Security Number
- 6. Print your telephone numbers in the event you must be contacted
- 7. Print your current e-mail address
- 8. Print your former names, if applicable
- 9. Please state your citizenship status by checking the "yes" or "no" box. If you are not a U.S citizen, you must enclose the following documents with your application:
 - A **notarized** copy of the front and back of your permanent resident visa, which permits you to permanently reside and work in the United States.
 - A, *Declaration of Intent to Become a Citizen of the United States* form. This form is included in the Foreign Supplement Package available from the PDE website at: <u>www.teaching.state.pa.us</u>. This does not apply to Foreign Language teachers.
 - If you have become a citizen since submitting your last application, you must return your original Alien Provisional Certificate as well as a **notarized** copy of your U.S. Naturalization Paper for conversion.

If the documentation noted above is not submitted with the PDE 338 G form, the application will be returned to you.

10. Check the appropriate box for "Male" or "Female"

SECTION II: Certification Information

- 1. Enter the Month/Year, name of degree, and college from which you received your initial bachelor's degree. Do not list information regarding Masters or Doctorate degrees.
- 2. List the Subject Area for which you are applying and specify the Code. Select a Subject Area and Code from the Subject Areas and Codes list.

SECTION III: Health Certificate

A U.S. licensed physician must sign the Health Certificate section of this application. PDE will <u>not accept</u> a nurse or physician's assistant signature. The Health Certificate section is not required if the applicant holds, or has held, a PA certificate including Emergency Permits or Temporary Teaching Permits.

SECTION IV: Background

Please note: Incorrectly answering the questions in this section may significantly delay the processing of your application.

- 1. If you have answered "yes" provide a current, original PA Child Abuse Clearance with your application.
- 2. If you have answered "yes" a signed letter of explanation, as well as any public documentation pertaining to the disciplinary action must be submitted with this application.
- 3. If you have answered "yes" a signed letter of explanation, as well as any documentation pertaining to the disciplinary action, termination, investigation, or resignation, must be submitted with this application.
- 4. If you have answered "yes" a signed letter of explanation, as well as any public documentation pertaining to the disciplinary action must be submitted with this application.

- 5. If you have answered "yes" you will not be automatically prevented from obtaining a PA certificate. A certification denial based on insufficient credentials (such as lack of coursework or test scores) does *not* need to be acknowledged. Any documentation pertaining to the denial, revocation, suspension, surrender, or reprimand must be submitted with this application.
- 6. If you have answered "yes" please include the following in your application (A YES answer does not automatically prevent an applicant from obtaining a PA certificate):
 - a signed letter of explanation;
 - your resume;
 - certified court documents related to all criminal matters;
 - a current, original FBI Clearance or registration identification number;
 - a current, original PA Criminal Background Check;
 - a current, original PA Child Abuse Clearance;
 - five letters of reference (at least three must be professional references); and
 - a letter from your probation officer, if applicable.
- 7. If you have answered "yes" please attach the additional documentation as listed above.

SECTION V: Code of Conduct

The Pennsylvania's Code of Professional Practice and Conduct for Educators may be found at <u>http://www.pde.state.pa.us/pspc/cwp/view.asp?a=3&q=113571</u>. Review the code and check the box indicating that you have read and will abide by the Pennsylvania's Code of Professional Practice and Conduct for Educators.

SECTION VI: Affidavit

Complete the Affidavit section by Signing and dating the application. Your signature certifies that all of the information provided in the application is correct and true. Misrepresentation/falsification may result in professional discipline and the revocation of your Pennsylvania certificate.

COMPLETING THE APPLICATION

The primary reason for delays in processing certification applications is missing or incomplete information on the 338G form and/or missing documentation. If there is missing or incomplete information, and/or missing documentation, your application will not be processed and will be returned to you. All signatures and corresponding dates must be within one year of application submission.

Before mailing, review the application and ensure:

- \Box The information entered on the 338G form is complete and accurate (*ensure that you have enclosed both pages of the 338G form*)
- □ A U.S. Licensed Physician has signed the form, if applicable
- \Box All required documentation is enclosed
- $\hfill\square$ The 338 G form has been signed and dated
- □ Enclose a U.S. Money Order (\$40 In-State/\$80 Out-of-State) made payable to the Commonwealth of Pennsylvania with your application. The Bureau of School Leadership and Teacher Quality is unable to accept personal checks, cash, or credit cards. **The non-refundable fee will be retained by the Commonwealth whether or not the transaction results in the issuance of a certificate.**

Mail the General Application-Form PDE 338 G, U.S. money order, and supporting documents to:

Bureau of School Leadership & Teacher Quality Pennsylvania Department of Education 333 Market Street, 3rd Floor Harrisburg, PA 17126-0333

Please Note: If you are pursuing certification directly through a Pennsylvania teacher preparation program, the application should be submitted to the college/university. Please bring your completed application packet to the college/ university—do not mail to PDE.

SUBJECT AREA AND CODES LIST

Code	Instructional	Code	Education Specialist
1200	AGRICULTURE K-12	1830	DENTAL HYGIENIST K-12
1200	ART K-12	1830	ELEMENTARY SCHOOL COUNSELOR K-6
1603	BUS/COMPUTER/INFO TECH K-12*	1850	HOME AND SCHOOL VISITOR K-12
8825	CITIZENSHIP EDUCATION 7-12*	1825	INSTRUCTIONAL TECHNOLOGY SPECIALIST K-12
3200	COMMUNICATION 7-12	1865	NUTRITION SERVICE SPECIALIST K-12
2361	COOPERATIVE ED 7-12	1890	SCHOOL NURSE K-12
2840	EARLY CHILDHOOD N-3	1875	SCHOOL PSYCHOLOGIST K-12
2810	ELEMENTARY K-6	1837	SECONDARY SCHOOL COUNSELOR -127
3230	ENGLISH 7-12	9800	SOCIAL RESTORATION 7-12
4820	ENVIRONMENTAL EDUCATION K-12		
5600	FAMILY/CONSUMER SCI K-12*		Supervisory Areas
4810	HEALTH K-12	1415	ART SUPERVISOR
4805	HEALTH & PHYSICAL ED K-12	3215	COMMUNICATION (ENGLISH) SUPERVISOR
6420	LIBRARY SCIENCE K-12	2615	COMPREHENSIVE VOCATIONAL ED SUPERVISOR
1668	MARKETING/DISTR ED TEACHER COOR. 7-12	2515	COOPERATIVE EDUCATION SUPERVISOR
6800	MATHEMATICS 7-12	2915	CURRICULUM AND INSTRUCTION SUPERVISOR
2850	MIDDLE LEVEL ENGLISH 7-9**	2827	EARLY CHILDHOOD SUPERVISOR
2860	MIDDLE LEVEL MATHEMATICS 7-9**	2815	ELEMENTARY EDUCATION SUPERVISOR
2870	MIDDLE LEVEL CITIZENSHIP EDUCATION 7-9**	4897	ENVIRONMENTAL EDUCATION SUPERVISOR
2880	MIDDLE LEVEL SCIENCE 7-9**	4415	FOREIGN LANGUAGES SUPERVISOR
7205	MUSIC K-12	4815	HEALTH & PHYSICAL EDUCATION SUPERVISOR
7650	READING SPECIALIST K-12	5915	INDUSTRIAL ARTS/TECHNOLOGY ED SUPERVISOR
5212	SAFETY ED/DRIVER ED 7-12	1829	INSTRUCTIONAL TECHNOLOGY SPEC SUPERVISOR
8865	SOCIAL SCIENCES 7-12*	6415	LIBRARY SCIENCE SUPERVISOR
8875 6075	SOCIAL STUDIES 7-12 TECHNOLOGY EDUCATION K-12*	6815 7215	MATHEMATICS SUPERVISOR MUSIC SUPERVISOR
0075	TECHNOLOGT EDUCATION K-12	2930	PUPIL PERSONNEL SERVICES SUPERVISOR
	Foreign Languages	7615	READING SUPERVISOR
4005	ARABIC K-12	5227	SAFETY ED/DRIVER EDUCATION SUPERVISOR
4405	CHINESE K-12	1815	SCHOOL GUIDANCE SERVICES SUPERVISOR
4410	FRENCH K-12	1891	SCHOOL HEALTH SERVICES SUPERVISOR
4420	GERMAN K-12	1877	SCHOOL PSYCHOLOGICAL SERVICES SUPERVISOR
4010	GREEK K-12	1855	SCHOOL SOCIAL SERVICES SUPERVISOR
4020	HEBREW K-12	8415	SCIENCE SUPERVISOR
4430	ITALIAN K-12	8815	SOCIAL STUDIES SUPERVISOR
4440	JAPANESE K-12	9215	SPECIAL EDUCATION SUPERVISOR
4025	KOREAN K-12		
4030	LATIN K-12		Administrative & Letter of Eligibility Areas
4450	LITHUANIAN K-12	1115	PRINCIPAL K-12
4460	POLISH K-12	2300	VOCATIONAL ADMINISTRATIVE DIRECTOR
4470	PORTUGUESE K-12	1150	DISTRICT SUPERINTENDENT
4475	RUMANIA-12N K-12	1155	ASSISTANT DISTRICT SUPERINTENDENT
4480	RUSSIAN K	1160	INTERMEDIATE UNIT EXECUTIVE DIRECTOR
4040	SANSKRIT K-12	1165	ASSISTANT IU EXECUTIVE DIRECTOR
4485	SLOVAK K-12		
4490	SPANISH K-12		
4493	UKRAINIAN K-12		* Effective Sentember 1, 2001
4495	VIETNAMESE K-12		* Effective September 1, 2001
	Science		** Effective September 1, 2003
8405	BIOLOGY 7-12		-
8420	CHEMISTRY 7-12		
8440	EARTH AND SPACE SCIENCE 7-12		
8450	GENERAL SCIENCE 7-12		
8470	PHYSICS 7-12		
	Special Education		
9205	HEARING IMPAIRED K-12		
9265	SPEECH & LANG IMPAIRED K-12		
0200	VISUALLY IMPAIDED K_{12}		

- 9290VISUALLY IMPAIRED K-129225SPECIAL EDUCATION N-12*

Page 5 of 5