

REQUEST FOR CHANGE/ACTION

South Carolina Department of Education
Division of Educator Quality and Leadership – Office of Educator Certification – www.scteacheers.org
3700 Forest Drive, Suite 500
Columbia, South Carolina 29204

Directions

- ❖ To initiate action, please complete and submit this form along with support documentation to above address.
- ❖ Requests may be submitted by mail, fax (803-734-2873), or hand-delivery. Requests will be processed in the order they are received, regardless of the method of submission.

SSN	Certificate #	District Employed
Name	Last	First
	MI	Former Name
Address	Street	City
	State	Zip
E-Mail	Home Ph. ()	Work Ph. ()
Are you currently applying for or participating in PACE (alternative certification)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please indicate the nature of your request in the area below.

- 1. Evaluate my transcripts for the alternative certification program (PACE) in the subject of _____ .
- 2. Advance my PACE certificate to a professional certificate. All required documentation has been submitted.
- 3. Evaluate my file for adding the certificate area of _____ .
- 4. Evaluate my file for eligibility for the *master's plus 30* credential in the certificate area of _____ .
- 5. Add the following certificate area(s) for which *all* requirements have been met: _____ .
- 6. Add a one-year extension to my professional certificate.
- 7. Renew my professional certificate. All required documentation has been submitted or is enclosed.
- 8. Advance my initial certificate to a professional certificate *prior to* the automatic processing date (June 30).
All requirements have been met. (Teachers who are eligible to advance to a professional certificate and who wish to wait until the June 30 automatic processing date do *not* need to submit this request form.)
- 9. Advance my temporary certificate to the initial or professional level.
- 10. Advance my certificate to the *bachelor's plus 18* level. Official *graduate* transcripts have been submitted.
- 11. Advance my certificate to the *master's degree* level. Official *graduate* transcripts have been submitted.
- 12. Advance my certificate to the *master's plus 30* level in the area of _____ .
- 13. Advance my certificate to the *doctorate degree* level. Official *graduate* transcripts have been submitted.
- 14. Approve the following course _____ (*PACE teachers check the Web site for procedures.*)
from _____ for the purpose of _____ . A course description is attached.
- 15. Change my name and/or address, as listed above.
- 16. Add additional year(s) of teaching experience. Verification forms are on file or enclosed.
- 17. Send me a duplicate certificate. The \$10.00 fee is enclosed. (*check or money order only*)
- 18. Other _____

Signature

Date

Effective Date of Credential

- If the State Department of Education (SDE) receives the educator's request and all required documentation between
- ❖ May 1 and November 1: The change in status, if approved, will be effective July 1 of the same calendar year.
 - ❖ November 2 and April 30: If the educator submitted the request within 45 days of fulfilling the requirements, the change in status, if approved, will be effective on the date that all requirements were satisfied.
 - ❖ November 2 and April 30: If the educator submitted the request more than 45 days *after* fulfilling the requirements, the change in status, if approved, will be effective on the date that all information was received by the SDE.