

REQUEST FOR CHANGE/ACTION
 South Carolina Department of Education
 Division of School Effectiveness – Office of Educator Certification
 3700 Forest Drive, Suite 500
 Columbia, South Carolina 29204
 www.scteachers.org

Directions

- ❖ To initiate action, please complete and submit this form along with support documentation to above address. Not all requests will result in correspondence being sent. Check the Web site for the status of your request.
- ❖ 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. Transcripts must be in an official sealed envelope.

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. Evaluate my file for adding the certificate area of _____ .
- 3. Evaluate my file for eligibility for the *master's plus 30* credential in the certificate area of _____ .
- 4. Add the following certificate area(s) for which *all* requirements have been met: _____ .
- 5. Add a one-year extension to my professional certificate for school year _____ .
- 6. Renew my professional certificate. All required documentation has been submitted or is enclosed.
- 7. Advance my initial certificate to a professional certificate *prior to* the automatic processing date (June 30). All requirements have been met. (Educators 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.)
- 8. Advance my certificate to the *bachelor's plus 18* level. Official *graduate* transcripts have been submitted.
- 9. Advance my certificate to the *master's degree* level. Official *graduate* transcripts have been submitted.
- 10. Advance my certificate to the *master's plus 30* level in the area of _____ .
- 11. Advance my certificate to the *doctorate degree* level. Official *graduate* transcripts have been submitted.
- 12. Change my name and/or address, as listed above.
- 13. Add additional year(s) of teaching experience. Verification forms are on file or enclosed.
- 14. Send me an official copy of my current certificate. The \$10.00 fee is enclosed. (*check or money order only*)
- 15. Approve the following course _____ from _____ for the purpose of _____ . A course description is attached.
- 16. 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.

Status of requests can be confirmed from the Educator Certification Web site. An official educator certificate will be provided only when an educator qualifies for their very first South Carolina certificate. All subsequent changes, additions or modifications to a certificate may be confirmed by the educator and a certificate copy printed from the Certification Status page on our secure Web site at www.scteachers.org.