



# Initial Application for Educator Certification

## Educator Profile

First Name:	Last Name:	Middle Initial
Maiden Name:	Last 4 Digits of Social Security Number	Date of Birth
Address:	City, State	Zip Code:
Email:	Home Phone:	Mobile Phone:

Race	Ethnicity	Gender (check appropriate code)
<input type="checkbox"/> 1. American Indian/Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5. White	<input type="checkbox"/> 1. Hispanic <input type="checkbox"/> 2. Non-Hispanic	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female

## Education History

Institution	Degree	Conferred On	Major/Minor	GPA	Initial Teacher Preparation
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

## Supervised Student Teaching and/or Practicum

Name of Employing System	Location of School City, State, Zip	Grade(s)/Subject(s) Taught	Period of Experience	
			From (Mo/Yr)	To (Mo/Yr)

## Out-of-State Certificates (Attach photocopies of all out-of-state certificates)

Certificate Type	State	Valid Dates	Areas Certified to Teach

## Employment History <sup>\*</sup> (List in reverse chronological order)

Employer	Position	Dates of Employment		Address City, State, Zip	Subjects and Grades Taught
		From	To		

<sup>\*</sup>If additional space is needed, please attach supplemental sheets.

## Suspension/Revocation

	Yes If Yes, indicate name of State and date	No
Is action pending or has action been initiated to suspend or revoke your certificate or license in another state?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a certificate or license revoked, suspended, or voluntarily surrendered?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever resigned or been dismissed after notice of allegations of misconduct involving a student?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of, pleaded guilty or nolo contendere with respect to, or received probation before judgment with respect to a crime against children or a crime of violence*?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a criminal history background check completed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please provide an attached explanation if you identified a state and date for any of the questions above.</b>		

\*If you are unsure whether a crime is a "crime of violence," please err on the side of disclosure as filing false or misleading information on an application for certification may be grounds to deny a certification request. Crime of violence is defined in the Maryland Code Criminal Law Article Section 14-101.

## Area/s of Certification Requested:

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## Affirmation Statement

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### Educator Testing

All Candidates applying for an initial educator certificate are required to present qualifying scores on the appropriate certification tests, where applicable. Photocopies are acceptable.

### Educator Transcript

Official transcripts of all college credits (original transcript in unopened mailer or student copy in unopened mailer) must be submitted in order to process this application.

### Fee Payment

A certification fee is required on initial applications for certification. You will receive a notification to submit your fee payment when MSDE has confirmed your eligibility.

### Affirmation Statement

I hereby affirm under the penalties of perjury that the information given by me in this application is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification of a material fact, my application will be disapproved and/or my certificate will be rescinded.

**I agree with the above affirmation statement and agree to abide by the consequences delineated above.**

\_\_\_\_\_  
Initial Here *(Typed initials will not be accepted)*

## **Privacy Notice**

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The principal purpose served by gathering the requested information is to provide necessary data and background records for the Superintendent of Schools as required by state law and regulation.

The consequence of refusal to provide the requested information is non-issuance of a Maryland Certificate.

You have the statutory right to inspect, amend, or correct the requested information under State Government Article §§10-611-10-629, Annotated Code of Maryland.

The requested information is not generally available for public inspection, unless specifically authorized by law.

The requested information is not routinely shared with other governmental agencies; however, by accepting this notice of privacy, I understand that local school systems will be able to review education records pertaining to my certification.

I hereby affirm, under the penalties of perjury, that the information given by me in this application is true, and complete, to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification of a material fact, my application will be disapproved and/or my certificate will be rescinded.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Typed signatures will not be accepted)*

*If you need additional space to provide answers to questions from previous sections, please use the space provided below or attach supplemental sheets.*