



**MARYLAND STATE DEPARTMENT OF EDUCATION**

**REQUEST FOR INFORMATION ON AN APPLICANT'S CERTIFICATION STATUS**

On behalf of \_\_\_\_\_, I am requesting the certification status of the following applicant for a position, pursuant to Md. Code, Educ. §6-113.2:

Name of Applicant (include any prior names): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_

Employer Requesting Information: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

..... (to be filled out by the Maryland State Department of Education) .....

The above-listed individual:

1. Holds or has held a Maryland Educator Certificate  yes  no;

2. Is the Maryland Educator Certificate active?  yes  no; If yes, complete the following:

Type: \_\_\_\_\_ Validity: \_\_\_\_\_

Area(s): \_\_\_\_\_

3. Has had a certificate suspended, revoked, or denied in Maryland for reasons of child abuse or sexual misconduct  yes  no

Action taken (suspension, revocation, denial): \_\_\_\_\_

Date of action: \_\_\_\_\_

Cause: \_\_\_\_\_

The individual has never held a Maryland Educator Certificate

\_\_\_\_\_  
Name of MSDE Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Nonpublic schools and contracting agencies should email this form to  
61132submissions.msde@maryland.gov.