

## REQUEST FOR CHANGE/ACTION

South Carolina Department of Education  
Division of Teacher Quality – Office of Teacher Certification – www.sctechners.org  
3700 Forest Drive, Suite 500  
Columbia, South Carolina 29204

### Send to:

\* Marie Barnes, Office of Teacher Employment, 75 Calhoun Street, Charleston S.C. 29401  
\*\* State Department of Education, Division of Teacher Quality, Teacher Certification

SSN	_____	Certificate #	_____	District	_____
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 to Human Resources.
- 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.