

Applying for Your PA INSTRUCTIONAL CERTIFICATE

Form PDE 338G - General Application

refer to the printed instructions on the back of the form

print in CAPITAL LETTERS in dark blue or black ink

#2 - your permanent address

#8 - where & when you will or did get your **bachelor's** degree

#9 - **code numbers are on the back of this sheet**

double majors--put one area here; see below (Additional Information sheet)

#10 - completed by a physician; needed for **first** certificate only

#12 - if you already have a certificate, you must submit a copy of it

Form PDE 338C - College/University Verification

only fill in your name (in CAPITAL LETTERS) & Social Security number

"Additional Information Needed to Process Application for Certification" sheet

double majors--if you are receiving more than one area of certification, write **ALL** areas on this sheet

local address & phone in case we need to contact you

date graduating or completing certification program--so that we know when to send your application to PDE

Certification fee--\$40.00 (effective 7/1/06)

MONEY ORDER - NO personal checks, cash, or credit cards

\$40.00

made payable to: Commonwealth of Pennsylvania

Certification (Praxis) test scores

you must list Millersville University as a score recipient #2656

MU Certification Office must receive a score label with your test scores **directly** from Educational Testing Service

(a copy of your score report is **not** acceptable)

check your score report to make sure that you listed Millersville University as a score recipient; if not, you must

make arrangements with ETS, 800-772-9476, to have your scores sent to Millersville University, code

#2656; an "additional score report request" form is online at www.ets.org/praxis

TO RECEIVE YOUR CERTIFICATE AS SOON AS POSSIBLE AT THE END OF THE SEMESTER

YOU, especially STUDENT TEACHERS AND UNDERGRADUATE STUDENTS, SHOULD SUBMIT THE ABOVE **8 WEEKS** BEFORE GRADUATION OR COMPLETION OF YOUR CERTIFICATION PROGRAM. This time frame gives the Certification Office time to prepare the application for PDE, check for your test scores, check your degree completion and grades for your last semester, etc. Your application materials will be sent to PDE as soon as possible after the end of the semester and after we have received written reports of certification examination passing scores from ETS.

(December 2008 Graduates – Submit applications by **October 17, 2008**)

THE FOLLOWING ITEMS MUST BE RETURNED TO THE MU CERTIFICATION OFFICE IN THE **ENCLOSED ENVELOPE**. YOU MAY DROP THESE OFF AT THE CERTIFICATION OFFICE, ROOM 120, STAYER HALL, 8:00-12:00 and 1:00-4:30 (pocket on the door for other times), or MAIL THEM (extra postage required).

DO NOT FOLD, STAPLE, TAPE OR PAPER CLIP. PHOTOCOPIES ARE NOT ACCEPTABLE.

General Application, Form PDE 338G (needs physician's and your signatures)

College/University Verification, Form PDE 338C

Additional Information sheet

Application Fee (money order)

Copy of Your Certificate, if already certified

Your certificate will be sent directly to you by the Bureau of Teacher Preparation and Certification in Harrisburg approximately six weeks after the end of the semester and after your passing test scores are received. Be sure to have your permanent address on your application form.

NOTE: The signatures on form PDE 338G and fee payment will be valid for one year. After that time, you will need to submit a new application and fee. Test scores for PA certification are valid for five years from the test date.

**Additional Information Needed to Process
Application for Instructional Certification**

Name _____
(former name if applicable)

ALL Area/s of Certification Applying For _____

Local Address (if different from permanent one on application form)

Local Phone _____

Dates (month/year) You Took (or plan to take) the **Certification Tests** [Instructional certificates]

PPST Reading _____ PPST Writing _____ PPST Math _____	for K-6 & K-12 cert. (not 7-12) Fundamental Subjects: Content Knowledge _____	your major/s (cert. area/s): Specialty test _____ Specialty test _____ Specialty test _____
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Date Graduating or Completing Certification Program

(undergrads--date of degree completion)
(post-bacc. cert.--last day of classes)

Check one:

_____ I am currently an **undergraduate** student at Millersville University and will be completing my bachelor's degree from MU on the above date.

_____ I am a **post-baccalaureate certification** student at Millersville University and will be completing my course requirements for certification on the above date.

College/University where received bachelor's degree

Date of degree _____

**GENERAL APPLICATION FOR PENNSYLVANIA
CERTIFICATE FORM PDE 338 G
(see instructions on back of this form)**

PDE USE ONLY CONTROL NUMBER

APPLICANTS: Please note the following information in regard to your Social Security Account Number (SSAN)
 DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)
 AUTHORITY: 24 P.S. Section 1224.
 PRINCIPAL PURPOSE(S): To be used for registration and maintenance of records of all certificated persons as having met qualifications for teaching.
 ROUTINE USES: Used by the Pennsylvania Department of Education for the (1) evaluation, registration, and maintenance of certification records, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification, and (3) provision of certification data to authorized personnel and agencies.
 DISCLOSURE: Mandatory. Withholding requested SSAN will result in denial of a candidate's application for certification.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. Last Name	1. First Name	M	4. Social Security Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
2. Street Address		Mon Day Year	M F
		5. Date of Birth	6. Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. City	2. State	2. Zip Code	
3. Chronologically print former name(s) beginning with the most recent Last Name First Name MI			<input type="text"/>
_____			7. Home Phone
_____			<input type="text"/>
_____			7. Daytime Phone
8. Bachelor's Degree Conferred Month Year College			9. Subject Area and the Code of the certification for which you are applying
____/____			<input type="text"/>
			Code

10. HEALTH CERTIFICATE: (Must be completed by a U.S. Licensed Physician. See instructions.)
 I certify that I am a physician legally qualified to practice medicine in a state of the United States or its capital; that I have examined and find the above named applicant able to perform the essential functions of and to successfully perform the duties of a teacher, with or without reasonable accommodation, and that the applicant does not, because of tuberculosis or any other communicable disease or mental disability, pose a direct threat to the health or safety of others that cannot be eliminated by a reasonable accommodation.

Signature of Examining Physician _____ Date _____ State in Which Licensed _____ Physician Number _____

STATEMENT OF APPLICANT

	YES	NO
11. Are you a U.S. Citizen? (If no, see instructions.)	<input type="text"/>	<input type="text"/>
12. Have you ever held any Pennsylvania certificate (including intern, Temporary Teaching Permit, or emergency permit)? (If yes, attach copy.)	<input type="text"/>	<input type="text"/>
13. Have you ever had a certificate or license denied, revoked, suspended or surrendered in this or any other state? (If yes, see instructions.)	<input type="text"/>	<input type="text"/>
14. Have you resigned from an educational position to avoid dismissal or is there disciplinary action pending in any state? (If yes, see instructions.)	<input type="text"/>	<input type="text"/>
15. Have you ever been convicted of a crime classified as a misdemeanor or felony, or are criminal charges pending against you? (If yes, see instructions.) NOTE: Summary offenses do not need to be acknowledged.	<input type="text"/>	<input type="text"/>

I certify that the information provided in this application, including all statements, transcripts and documentation, are correct and true. I understand that the falsification of any statement or document will result in the revocation of my Pennsylvania certificate.

Signature of Applicant _____ Date _____

INSTRUCTIONS FOR GENERAL APPLICATION - FORM PDE 338 G

The **General Application, Form PDE 338 G, *MUST be submitted with all application requests, with the exception of PDE 338 D, Request for Duplicate Certificate or Name Change.*** If you do not include this form, your complete application packet will be returned to you. Attach a U.S. Money Order (\$40 In-State/\$80 Out-of-State) made payable to the Commonwealth of Pennsylvania. We are unable to accept personal checks, cash, or credit cards. **The fee will be retained by the Commonwealth whether or not the transaction results in the issuance of a certificate.** Mail the application and supporting documents to: Bureau of School Leadership & Teacher Quality, Pennsylvania Department of Education, 333 Market Street, Harrisburg, PA 17126-0333.

PRINT IN CAPITAL LETTERS WITH DARK BLUE OR BLACK INK

1. Print your Last Name, First Name and Middle Initial.
2. Print your complete address, and enter your Zip Code.
3. Print your former name(s), if applicable, beginning with the most recent.
4. Enter your Social Security Number.
5. Enter your Date of Birth (Month, Day, Year).
6. Print M or F in the correct box for male or female.
7. Enter your telephone numbers (Home and Daytime) in case we need to contact you.
8. Enter the Month/Year and print the College from which you received your bachelor's degree.
9. List the Subject Area for which you are applying and specify the Code. Select a Subject Area and Code from the list on the following page.
10. **HEALTH CERTIFICATE:** A U.S. licensed physician (not a nurse or physician's assistant) must complete the Health Certificate. Signature of physician not required if applicant submits copy of previously issued Pennsylvania teaching certificate.
11. **STATEMENT OF APPLICANT:** Answer the citizenship question **by printing either a YES or NO in the boxes provided.** If you are *not* a U.S. citizen, you must enclose a **notarized** copy of your permanent immigrant visa, which permits you to seek employment within the United States. Additionally, with the exception of foreign language teachers, *you must intend to become a citizen and file a **notarized** form titled, "Declaration of Intent to Become a Citizen of the United States"* (part of Foreign Supplement Package available from the Bureau of Teacher Certification and Preparation). If the information noted in these instructions is not submitted with this application form, your application will be returned to you.
12. Answer the Pennsylvania certification question **by printing either a YES or NO in the boxes provided.** **NOTE:** The question includes prior emergency, intern or Temporary Teaching Permits. If the answer is Yes, attach a copy of certificate(s).
13. Answer **ALL** the moral character questions, 13-15, **by printing either a YES or NO in the boxes provided.** A YES answer does not automatically exclude a person from obtaining a certificate. A response to any question with a YES answer must be accompanied by a signed letter of explanation and certified court documents.
16. Sign and date the application. Your signature verifies that all of the information provided is correct and true. Misrepresentation/falsification of any statement or document may result in the revocation of your Pennsylvania certificate.

SUBJECT AREAS AND CODES

INSTRUCTIONAL AREAS	
CODE	AREA
1200	AGRICULTURE K-12
1405	ART K-12
1603	BUSINESS/COMPUTER/INFO TECH K-12*
3200	COMMUNICATION 7-12
2361	COOPERATIVE ED 7-12
2840	EARLY CHILDHOOD N-3
2810	ELEMENTARY K-6
3230	ENGLISH 7-12
4820	ENVIRONMENTAL EDUCATION K-12
5600	FAMILY/CONSUMER SCIENCE K-12*

FOREIGN LANGUAGES	
CODE	AREA
4005	ARABIC K-12
4405	CHINESE K-12
4410	FRENCH K-12
4420	GERMAN K-12
4010	GREEK K-12
4020	HEBREW K-12
4430	ITALIAN K-12
4440	JAPANESE K-12
4025	KOREAN K-12
4030	LATIN K-12
4450	LITHUANIAN K-12
4460	POLISH K-12
4470	PORTUGUESE K-12
4475	RUMANIAN K-12
4480	RUSSIAN K-12
4040	SANSKRIT K-12
4485	SLOVAK K-12
4490	SPANISH K-12
4493	UKRANIAN K-12
4495	VIETMANESE K-12
4810	HEALTH K-12
4805	HEALTH & PHYSICAL EDUCATION K-12
6420	LIBRARY SCIENCE K-12
1668	MARKETING/DISTRIBUTIVE ED TEACHER COOR 7-12
6800	MATHEMATICS 7-12
2850	MIDDLE LEVEL ENGLISH 7-9**
2860	MIDDLE LEVEL MATHEMATICS 7-9**
2870	MIDDLE LEVEL CITIZENSHIP EDUCATION 7-9**
2880	MIDDLE LEVEL SCIENCE 7-9**
7205	MUSIC K-12
7650	READING SPECIALIST K-12
5215	SAFETY ED/DRIVER ED 7-12
SCIENCE	
8405	BIOLOGY 7-12
8420	CHEMISTRY 7-12
8440	EARTH AND SPACE SCIENCE 7-12
8450	GENERAL SCIENCE 7-12
8470	PHYSICS 7-12
8825	CITIZENSHIP EDUCATION 7-12*
8865	SOCIAL SCIENCES 7-12*
8875	SOCIAL STUDIES 7-12
SPECIAL EDUCATION	
9205	HEARING IMPAIRED K-12
9265	SPEECH & LANGUAGE IMPAIRED K-12
9290	VISUALLY IMPAIRED K-12
9225	SPECIAL EDUCATION N-12*
6075	TECHNOLOGY EDUCATION K-12*

EDUCATIONAL SPECIALIST AREAS	
CODE	AREA
1830	DENTAL HYGIENIST K-12
1836	ELEMENTARY SCHOOL COUNSELOR K-6
1850	HOME AND SCHOOL VISITOR K-12
1825	INSTRUCTIONAL TECHNOLOGY SPECIALIST K-12
1865	NUTRITION SERVICE SPECIALIST K-12
1890	SCHOOL NURSE K-12
1875	SCHOOL PSYCHOLOGIST K-12
1837	SECONDARY SCHOOL COUNSELOR 7-12
9800	SOCIAL RESTORATION 7-12

SUPERVISORY AREAS	
CODE	AREA
1415	ART SUPERVISOR
3215	COMMUNICATION (ENGLISH) SUPERVISOR
2615	COMPREHENSIVE VOCATIONAL ED SUPERVISOR
2515	COOPERATIVE EDUCATION SUPERVISOR
2915	CURRICULUM AND INSTRUCTION SUPERVISOR
2827	EARLY CHILDHOOD SUPERVISOR
2815	ELEMENTARY EDUCATION SUPERVISOR
4897	ENVIRONMENTAL EDUCATION SUPERVISOR
4415	FOREIGN LANGUAGES SUPERVISOR
4815	HEALTH & PHYSICAL EDUCATION SUPERVISOR
5915	INDUSTRIAL ARTS/TECHNOLOGY ED SUPERVISOR
1829	INSTRUCTIONAL TECH SPEC SUPERVISOR
6415	LIBRARY SCIENCE SUPERVISOR
6815	MATHEMATICS SUPERVISOR
7215	MUSIC SUPERVISOR
2930	PUPIL PERSONNEL SERVICES SUPERVISOR
7615	READING SUPERVISOR
5227	SAFETY ED/DRIVER EDUCATION SUPERVISOR
1815	SCHOOL GUIDANCE SERVICES SUPERVISOR
1891	SCHOOL HEALTH SERVICES SUPERVISOR
1877	SCHOOL PSYCHOLOGICAL SERVICES SUPERVISOR
1855	SCHOOL SOCIAL SERVICES SUPERVISOR
8415	SCIENCE SUPERVISOR
8815	SOCIAL STUDIES SUPERVISOR
9215	SPECIAL EDUCATION SUPERVISOR

ADMINISTRATIVE & LETTER OF ELIGIBILITY AREAS	
CODE	AREA
1115	PRINCIPAL K-12*
2300	VOCATIONAL ADMINISTRATIVE DIRECTOR
1150	DISTRICT SUPERINTENDENT
1155	ASSISTANT DISTRICT SUPERINTENDENT
1160	INTERMEDIATE UNIT EXECUTIVE DIRECTOR
1165	ASSISTANT IU EXECUTIVE DIRECTOR

* Effective September 1, 2001
 ** Effective September 1, 2003

COLLEGE/UNIVERSITY VERIFICATION FORM PDE 338 C
Completion of Approved Education Program
For Use by Applicants Prepared by PA Colleges/Universities
See Instructions on back of this form

APPLICANTS: Please note the following information in regard to your Social Security Account Number (SSAN)
 DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)
 AUTHORITY: 24 P.S. Section 1224.
 PRINCIPAL PURPOSE(S): To be used for registration and maintenance of records of all certificated persons as having met qualifications for teaching.
 ROUTINE USES: Used by the Pennsylvania Department of Education for the (1) evaluation, registration, and maintenance of certification records, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification, and (3) provision of certification data to authorized personnel and agencies.
 DISCLOSURE: Mandatory. Withholding requested SSAN will result in denial of a candidate's application for certification.

PART A: APPLICANT

Last Name	First Name	MI	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> <tr> <td colspan="10" style="text-align:center;">Social Security Number</td> </tr> </table>											Social Security Number									
Social Security Number																							

PART B: PREPARING COLLEGE/UNIVERSITY RECOMMENDATION

The endorsing signature of designated certification officer confirms that the candidate is known and regarded by the preparing institution as a person of good moral character and possesses those personal qualities and professional knowledge and skill which warrant issuance of the requested certificate.

_____ I certify that the applicant has achieved at least a satisfactory rating on the PDE 430, Pa. Statewide
 (initial) Evaluation Form for Student Professional Knowledge and Practice.

Initial **ONLY ONE** of the following statements:

_____ I certify that the applicant has been formally admitted to and is pursuing an **APPROVED INTERN**
 (initial) **PROGRAM** to qualify for a certificate in the Subject Area(s) or Field(s) listed below:

_____ I certify that the applicant has completed an **APPROVED PROGRAM** (Certification Regulation 49.68)
 (initial) and has successfully demonstrated role competencies to qualify for a certificate in the Subject Area(s) or Field(s) listed below:

Subject Area or Field	Type Code	Area Code			

Signature of Certifying Officer

 Name Title Date

 Name of College/University

College Code Number											

INSTRUCTIONS FOR COLLEGE/UNIVERSITY VERIFICATION

FORM PDE 338 C

APPLICANT

1. Complete PART A **by printing in capital letters with dark blue or black ink** your Last Name, First Name, Middle Initial, and entering your Social Security Number.
2. Send this form to your college/university certification office.

COLLEGE/UNIVERSITY CERTIFICATION OFFICER

Complete PART B **with dark blue or black ink**.

1. Initial the first statement provided the candidate has achieved at least a satisfactory rating on the final PDE 430.
2. Initial either the second or third statement, as appropriate.
3. Print the certification Subject Area(s) or Field(s) and Code numbers you are recommending. Select Subject Areas and Area Codes from the list on page 10.
NOTE: If a college/university is recommending **more than one area** of certification:
 - (a) When the student completes Form PDE 338 G, item 9, he/she should enter **only one** Subject Area and Area Code. Any area being sought may be selected.
 - (b) On this form, the college/university must list **ALL** the Subject Areas and Codes for which the student is being recommended.
3. Sign the application and provide your Title, Date and Name of College/University.
4. Enter the College Code Number. Do **NOT** use a number stamp, **UNLESS** the numbers fit properly inside each box.
5. Apply the PRAXIS/NTE test score label (with the passing scores) in the space provided below.
6. Send Form PDE 338 C, Form PDE 338 G and the fee to the Pennsylvania Department of Education.

PLACE PRAXIS/NTE TEST SCORE LABEL HERE