

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
TWO-YEAR PROFESSIONAL CERTIFICATE APPLICATION

Print or Type Applicant's Full Name:

Last

First

M

Birth Name

Street

City or Town

State

Zip

()

Telephone Number

Date of Birth

E-Mail Address (PLEASE USE ALL CAPS)

Check as appropriate for each section: (response is voluntary)	
Race: <input type="checkbox"/> Amer. Indian/Alaskan Native	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black	<input type="checkbox"/> Other
Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female

<p>____ - ____ - ____ - ____ - ____ - ____</p> <p>Social Security Number</p> <p>Notice/Affidavit</p> <p>Disclosure of the Social Security Number is mandatory. It will be furnished to the Rhode Island Division of Taxation pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, which states that any person applying for or renewing a license to conduct a profession within Rhode Island must have filed all required state tax returns and paid all taxes due the state. The statute also requires the following certification:</p> <p>I hereby certify, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state, entered into a written time payment agreement with the Rhode Island Division of Taxation, or am pursuing administrative or appellate review of unpaid taxes.</p> <p>_____ Signature</p> <p>_____ Date</p>
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SECTION A: TWO-YEAR PROFESSIONAL CERTIFICATE

I am requesting the issuance of a two (2) year professional certificate in the area of _____

_____. I understand that the issuance of this two (2) year certificate is a one-time opportunity and is not renewable. I also understand that I must complete all requirements for certification within two (2) years from the date of issuance.

SECTION B: REQUIRED INFORMATION

Teachers and other school personnel certified by the State of Rhode Island must be of good moral character. Rhode Island General Law 16-12-3 states that "Every teacher shall aim to implant and cultivate in the minds of all children committed to his care the principles of morality and virtue." Your answers to the following questions regarding your employment, criminal, and certification history are important. Any criminal matter covered by a question must be disclosed regardless of how long ago it occurred or how unimportant it may seem. Criminal matters do not necessarily preclude certification, but the failure to answer a question truthfully may result in disqualification. Furthermore, Rhode Island General Law 11-18-1 prohibits the submission of a document containing a false and misleading statement to a public agency, and Rhode Island General Law 11-58-1 prohibits the use of a falsified educational record of a postsecondary institution.

- 1. Have you ever been dismissed from any employment or have you ever resigned or retired from any employment following the initiation of disciplinary action? If yes, attach an explanation.* _____YES _____NO
- 2. Are you the subject of disciplinary action in your present employment? If yes, attach an explanation.* _____YES _____NO

3. *Have you ever been convicted of a felony or a misdemeanor? If yes, attach a copy of the conviction record(s). Expunged convictions must be disclosed under Rhode Island General Law 12-1.3-4. Attach an explanation stating the date, location and nature of the offense(s) involved in the expunged conviction(s).* ___YES ___NO
4. *Have you ever entered a plea of nolo contendere to a felony or misdemeanor charge? If yes, attach a copy of the conviction and/or probation record(s).* ___YES ___NO
5. *Are any felony or misdemeanor charges currently pending against you? If yes, attach an explanation* ___YES ___NO
6. *Do you hold a valid educator's certificate or license in any other state?*
State _____ Area(s) _____ Cert. No. _____ ___YES ___NO
7. *Have you ever been denied an educator's certificate or license for reasons other than your failure to meet academic or experience requirements? If yes, attach an explanation stating date, state, and reason for denial.* ___YES ___NO
8. *Has your educator's certificate or license in another state ever been suspended, revoked, or surrendered? If yes, attach an explanation.* ___YES ___NO
9. *Are you currently the subject of any action to revoke or suspend your educator's certificate or license? If yes, attach an explanation.* ___YES ___NO

SECTION C: AUTHORIZATION

I certify the accuracy of the information provided in this application and in any supporting documentation that I may submit. I have read and understand the notice regarding Rhode Island laws above. I hereby authorize the release of information to the Department of Education for the purpose of investigating or verifying any information in my application.

(Signature of Applicant)

(Date)

SECTION D: CERTIFICATION FEE: \$500.00

PLEASE MAKE CHECKS PAYABLE TO: GENERAL TREASURER-STATE OF RI. ALL FEES ARE NON-REFUNDABLE. NOTE: WE ARE UNABLE TO ACCEPT CASH.

Please mail application, fee and required documents to:

Rhode Island Department of Education
 Office of Educator Quality and Certification
 255 Westminster St.
 Providence, RI 02903-3400

To be acceptable, application must be dated within the past three (3) months and signed by the applicant.

Revised
 01/05/09