



# State of Rhode Island Department of Education

## Building Level Administrator PK-12 Fast-Track Certificate Application

### REQUIRED DOCUMENTATION CHECKLIST

#### PLEASE REFERENCE CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

All required documentation must be submitted for your certification to be issued. Applicants do not need to resubmit transcripts/documents already on file with the Rhode Island Department of Education. Please only submit transcripts for new coursework and/ or degrees completed.

#### Application:

- Completed, signed application

#### Degree:

- Official Transcript with conferral of Master's degree or higher
  - Transcripts are already at RIDE

#### Other Requirements: (some items may have been submitted if holding an Expert Residency,

- [Verification of Work Experience Form](#) (Evidence of ten (10) years) (Page 7)
  - Work experience is already at RIDE
- [Verification of Evaluation Ratings Form](#) (Evidence of Highly effective or Effective Evaluation Ratings) (Page 8)
  - Evaluation ratings are already at RIDE
- [Verification of Record of Consistent Leadership Form](#) (Page 9)
  - Record of Consistent Leadership form is already at RIDE
- [Verification of Internship Form](#) (Evidence of completion of a year-long, minimum 300-hour internship (Page 10)
- [Verification of Leading a District/School Initiative Form](#) (Page 11)

#### Assessment:

- Appropriate RI test score (School Leaders Licensure Assessment 6990 – pass score 151) (photo copies accepted)
  - Tests scores are on file at RIDE

#### Coursework:

- Course work (official transcripts only, copies and unofficial transcripts are **NOT** accepted):
  - School Finance
  - School Law
  - Program Evaluation
    - Official transcripts already on file at RIDE

#### Fees:

- Check or money order made payable to General Treasure State of Rhode Island

**\*\* Applications will only be processed when a completed application packet has been submitted. Incomplete applications will not be reviewed. \*\***

Please mail completed application, fee, required documents and district sign off page to:

RHODE ISLAND DEPARTMENT OF EDUCATION  
OFFICE OF EDUCATOR EXCELLENCE & CERTIFICATION SERVICES  
255 WESTMINSTER STREET, 4TH FLOOR  
PROVIDENCE, RI 02903-3400



# State of Rhode Island Department of Education

## Building Level Administrator PK-12 Fast-Track Certificate Application

### Educator Certification in Rhode Island:

The Building Level Administrator PK-12 Fast-Track Certificate may be issued to individuals who meet eligibility requirements pursuant R.I. Gen. Laws § 16-11-9 and have met experience, evaluation, advanced degree, leadership experience coursework and assessment requirements.

#### 1. Use of this application:

- A Building Level Administrator PK-12 Fast-Track Certificate is awarded only to an individual who meets specified requirements and will complete a RIDE-approved leadership development program during the 3-year cycle.
- Both the school district and applicant are required to complete portions of the Building Level Administrator PK-12 Fast-Track Certificate application.
- Building Level Administrator PK-12 Fast-Track Certificates will be issued for three (3) years.

#### 2. How to complete this application:

- Provide the required information in Sections A, B, C, and D.
  - **First Issuance:** Individual meets the Rhode Island certification requirements for Building Level Administrator PK-12 Fast-Track Certificate.
- Payment must be included with the application and is non-refundable.
- Review the list of required documentation on Page 3 and submit all required documentation in the specified format with your application. Note: Incomplete applications will be denied.
- Mail the completed application, fees, and documentation to the address on page 6 of this application.

**For more information:** email [eqac@ride.ri.gov](mailto:eqac@ride.ri.gov).

## Certification Fees

All certification application fees are for processing requests and are non-refundable. We are not able to accept cash. Make check payable to the *General Treasurer – State of Rhode Island*

Type of Request	Fee
Building Level Administrator PK-12 Fast-Track 3-Year Certificate	\$200.00

## Required Documentation

All required documentation must be submitted for the application to be processed. The required documentation is detailed in the chart below. Note: transcripts that are already on file with the Rhode Island Department of Education do not need to be resubmitted with subsequent applications unless more current transcripts identify coursework and/or degrees not identified on the previously submitted transcripts.

Documentation	Conditions
Transcripts (Advanced Degree and Coursework)	<p>Transcript must show conferral of Master's Degree</p> <p>Course work which includes</p> <ul style="list-style-type: none"> <li>● School Finance</li> <li>● School Law</li> <li>● Program Evaluation</li> </ul> <p>Official or student-issued are accepted; photocopies, unofficial, or downloaded transcripts are not accepted.</p>
Certification Test Score Reports	Original or photocopies are accepted.
Work Experience	<a href="#">Work Verification Form</a> (page 7)
Evaluation Ratings	<a href="#">Verification of Evaluation Ratings Form</a> of Highly Effective or Effective (page 8)
Leadership Experience	<a href="#">Record of Consistent Leadership Form</a> (within the LEA, e.g. facilitator of professional learning, dean, district coach, department chair) on Record of Consistent Leadership Form (page 9)
300-Hour Year-long Internship	<a href="#">Verification of Internship Form</a> (evidence of completion of a year-long, minimum 300-hour Internship (page 10)
Lead District/School-wide Initiative	<a href="#">Leading a District/School Initiative Form</a> (page 11)



# RHODE ISLAND EDUCATOR CERTIFICATION

## Building Level Administrator PK-12 Fast-Track Certificate APPLICATION FORM

### Section A: Applicant Information (Please Print Clearly)

ID# (First time applicants please leave blank)

Social Security Number: **(REQUIRED)**

Last Name: **(REQUIRED)**

Suffix:

Previous Last Name (and Suffix)– If applicable:

First name: **(REQUIRED)**

Middle Name or Initial:

Date of Birth: (MM/DD/YY) **(REQUIRED)**

Home Address: **(REQUIRED)**

Address Line 1

---

Address Line 2

---

City/Town

---

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: **(REQUIRED)**

(    )  -

Primary

(    )  -

Cellular Phone

Email: **(REQUIRED)**

\_\_\_\_\_ @ \_\_\_\_\_

Primary Email

\_\_\_\_\_ @ \_\_\_\_\_

Additional Email

<p><b>Ethnicity* (REQUIRED):</b></p> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> I do not wish to respond	<p><b>Race* (REQUIRED):</b></p> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<p><b>Gender* (REQUIRED):</b></p> <input type="checkbox"/> White <input type="checkbox"/> I do not wish to respond <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to respond
--	--	--

**\*RIDE seeks to understand and further diversify our teacher workforce and urges applicants to provide information that will help us better understand and report on workforce diversity.**

**Section B: Certification Information**

**Section B-1  
Building Level Administrator PK-12 Fast-Track : First Issuance**

<b>Building Level Administrator PK-12 Fast-Track</b>	<input type="checkbox"/> Issuance
--	-----------------------------------

**Section C: To be completed and signed by the LEA Superintendent.**

**LEA Information:**

Name of LEA/School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

I recommend this applicant for the Building Level Administrator PK-12 Fast-Track Certificate and verify that all information submitted herein is complete and accurate.

_____ (Signature of LEA Superintendent)	____/____/____ (Date)	_____ (Printed Name of LEA Superintendent)
--	--------------------------	---

**Section D: Required Information and Authorization (To be completed by the Applicant)**

Read the statements in the box below, provide answers to the following questions by placing a v in the appropriate box, and sign and date the authorization line attesting to the accuracy of the information in this application.

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.

Disclosure of the Social Security Number on page1 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: "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."

**Legal Questions:**

For each response of 'YES' you must attach a detailed explanation and specified documentation to your application. If you have previously submitted documentation for a specified question, you do not need to resubmit. Please indicate that the documentation was previously submitted in the margin next to the applicable question. Please note that there is a continuing duty to submit supplemental documentation relating to any events or circumstances requiring a "yes" response to the questions below.

		Yes	No
1.	Have you ever been dismissed from any employment or have you ever resigned from any employment following the initiation of disciplinary action? If yes, attach an explanation.		
2.	Are you the subject of disciplinary action in your present employment? If yes, attach an explanation.		
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).		
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).		
5.	Are any felony or misdemeanor charges currently pending against you? If yes, attach an explanation.		
6.	Has your educator's certificate or license in another state ever been suspended, revoked, or surrendered? If yes, attach an explanation.		
7.	Are you currently the subject of any action to revoke or suspend your educator's certificate or license? If yes, attach an explanation.		

**AUTHORIZATION AND TAX CONFIRMATION:**

I certify the accuracy of the information provided in this application and in any supporting documentation that I may submit. I have included all supporting documentation. 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)
-----------------------------------	--------------------------

We are not able to accept cash. Make check payable to the *General Treasurer – State of Rhode Island*

Please mail only pages 4-12 of the application, fee and all required documents to:

RHODE ISLAND DEPARTMENT OF EDUCATION  
 OFFICE OF EDUCATOR QUALITY AND CERTIFICATION  
 255 WESTMINSTER STREET, 4<sup>TH</sup> FLOOR  
 PROVIDENCE, RHODE ISLAND 02903

### Verification of Work Experience

Application Package for Building Level Administrator PK-12 Fast Track Certificate

**This form is NEEDED for applicants who:**

- Need to demonstrate any out of state experience or RI non-public (private, parochial, private early childhood centers) education work experience

**PART A: To Be Completed by the Educator (Please PRINT or TYPE)**

Last Name	First Name

**PK-12 Work Experience: Complete ten (10) years of PK-12 education experience in the chart below. All work experience must be verified by the current employer. Prior experience in other districts in RI or in other states needed to meet the ten (10) year requirement must be included and verified by the current employer prior to submission of this application.**

Dates of Service		State	School District/LEA	School (If applicable)	Title / Position Held
From: (MM/YY)	To: (MM/YY)				

**PART B: To be completed and signed by the LEA Superintendent of the current employer**

**LEA Information:**

Name of LEA / \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

I verify that the above listed information omits leave of absence periods and that all information is complete and accurate according to the official records of the school district or institution.

_____ (Signature of LEA Superintendent)	____/____/____ (Date)	_____ (Printed Name of LEA Superintendent)
--	--------------------------	---

### Verification of Evaluation Ratings

Application Package for Building Level Administrator PK-12 Fast-track Certificate

**This form is REQUIRED for applicants who:**

- Need to submit verification of evaluation ratings for the Fast-Track Principal Preliminary Certificate

**PART A: To Be Completed by the Educator (Please PRINT or TYPE)**

Last Name	First Name

**Verification of Evaluation Ratings:** In the chart below, complete evaluation rating information. At least two (2) evaluation ratings must be provided with at least one (1) within the past five (5) years. All sections must be completed for the application to be processed. If using this form in an electronic format, please add more rows as necessary.

School year YYYY-YYYY	District/LEA, School & Title/Position Held	Summative Evaluation Rating	If using an evaluation scale from a state other Rhode Island, please provide a very brief explanation of the scale

**PART B: To be completed and signed by the LEA Superintendent as the current employer**

**LEA Information:**

Name of LEA/School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

I verify that the above-mentioned evaluation ratings and/or all information submitted herein is complete and accurate.

	____/____/____ (Date)	
(Signature of LEA Superintendent)		(Printed Name of LEA Superintendent)



### Verification of Record of Consistent Leadership

Application Package for Building Level Administrator PK-12 Fast-track Certificate

**This form is NEEDED for applicants who:**

- Please complete this document to verify a record of consistent leadership within the LEA, demonstrated through serving as a facilitator of professional learning, a dean, a district coach, a department chair, or in another leadership position within a school or LEA

**PART A: To Be Completed by the Educator (Please PRINT or TYPE)**

Last Name	First Name

**PK-12 Leadership Experience:** In the chart below complete PK-12 leadership experience for the educator, starting with the most current experience. All sections must be completed for the application to be processed. Please add more rows as necessary.

Dates of Service		School (if applicable)	Title / Position Held	Narrative Description of Leadership Role (Please indicate if attaching separate documentation)
From: (MM/YY)	To: (MM/YY)			

**PART B: To be completed and signed by the LEA Superintendent**

**LEA Information:**

Name of LEA/School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

I verify that the above-mentioned applicant has a record of consistent leadership within the LEA, and all information submitted herein is complete and accurate.

_____ (Signature of LEA Superintendent)	____/____/____ (Date)	_____ (Printed Name of LEA Superintendent)
--	--------------------------	---

### Verification of Internship

Application Package for Building Level Administrator PK-12 Fast-track Certificate

This form is to be completed by the LEA Superintendent of Schools to verify that the Fast-Track Principal has satisfactorily completed a 300-hour internship with opportunities to demonstrate application of the Rhode Island Standards for Educational Leaders (RISELs) throughout the course of the internship.

**Directions:** Prior to completion of this form, a final meeting with the LEA Superintendent, Fast-Track Principal and Fast-Track Principal Mentor should take place to evaluate the compiled evidence related to the application of the RISELs.

**PART A: Fast Track Principal Information**

Last Name	First Name	District and School(s) the Internship was completed in.

**PART B: Fast Track Principal Mentor Information**

Last Name	First Name	District, School or Organization and role

**PART C: To be completed and signed by the LEA Superintendent**

**LEA Information:**

Name of LEA/School: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

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

I verify that the above listed Fast-Track Principal candidate has satisfactorily completed the required 300-hour internship and participated in, observed, and lead activities related to the application of the RISELs.

_____ (Signature of LEA Superintendent)	____/____/____ (Date)	_____ (Printed Name of LEA Superintendent)
--	--------------------------	---

### Leading a District/School Initiative Form

Application Package for Building Level Administrator PK-12 Fast-track Certificate

<b>This form is NEEDED for applicants who:</b>
<ul style="list-style-type: none"> <li><b>Need to document the satisfactory completion of a 300-hour internship with opportunities to demonstrate application of the Rhode Island Standards for Educational Leaders (RISELs) throughout the course of the internship.</b></li> </ul>
<b>Directions:</b> Please complete the following form to provide evidence of having led a school or district initiative as a part of the required documentation to obtain the Building Level Administrator PK-12 Fast-Track Certificate.

PART A: Fast-Track Principal	
Last Name	First Name

PART B: District/ School-Wide Initiative Narratives
<p><b>In 250 words or fewer, please indicate the following:</b></p> <ul style="list-style-type: none"> <li>When and where the initiative took place</li> <li>Your role in planning and implementing the initiative</li> <li>The rationale and intended impact of the initiative</li> <li>The outcome of the initiative</li> </ul>

PART C: To be completed and signed by the LEA Superintendent as the current employer		
<b>LEA Information:</b>		
Name of LEA/School: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact Person: _____	Position/Title: _____	
Phone: (_____) _____ - _____ Ext: _____	Email: _____	
I verify that the above-mentioned description of evidence of having led a school or district initiative and all related information submitted herein is complete and accurate.		
_____ (Signature of LEA Superintendent)	____/____/____ (Date)	_____ (Printed Name of LEA Superintendent)