



**State of Rhode Island
Department of Education
Educator Certification
Fast-Track Principal Preliminary 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
 - o My transcripts are already at RIDE

Other Requirements:

- [Verification of Work Experience Form](#) (Evidence of ten (10) years) (Page 6)
 - o Work experience is already at RIDE
- [Verification of Evaluation Ratings Form](#) (Evidence of Highly effective or Effective Evaluation Ratings) (Page 7)
 - o Evaluation ratings are already at RIDE
- [Verification of Record of Consistent Leadership Form](#) (Page 8)
 - o Record of Consistent Leadership form is already at RIDE
- Letter of Recommendation from the Superintendent of the LEA in which the educator is employed or was employed in the past
- [Verification of Internship Form](#) (page 9) REQUIRED FOR PROGRESSION TO FULL CERTIFICATION
- [Verification of School- or District-Wide Initiative](#) (page 10) REQUIRED FOR PROGRESSION TO FULL CERTIFICATION

Assessment and/or Coursework:

- Appropriate RI test (School Leaders Licensure Assessment 6990 – passing score 151)
AND/OR
- Course work (official transcripts, copies and unofficial transcripts are **NOT** accepted):
 - o School Finance
 - o School Law
 - o Supervision of School Personnel

Fees:

- Check or money order made payable to **General Treasurer - State of Rhode Island**
Please mail **only pages 3-8** of the 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

Fast Track Principal Expert Residency Preliminary Certificate Application

Educator Certification in Rhode Island:

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

1. Use of this application:

- This application should be used to request a Fast Track Principal Preliminary Certificate. Typically, this certificate is used for an individual working as a building administrator while completing requirements.
- Both the LEA and applicant are required to complete portions of the Fast-Track Principal Certificate application.
- Fast-Track Principal Certificates are issued for four (4) years.
- A Fast-Track Principal Certificate is issued only to an individual who meets specified requirements and will work towards the requirements for full certification.

2. How to complete this application:

- Provide the required information in Sections A, B, and C in this application.
 - Individual meets the Rhode Island certification requirements for a Fast-Track Principal Preliminary Certificate to include evidence of taking and passing content assessments and/or coursework.
- Payment must be included with the application and is **non-refundable**.
- Review the documentation checklist and submit all required documentation in the specified format with your application. Incomplete applications will not be reviewed.
- Mail the completed application, fees, and documentation to the address on the documentation checklist.

3. When to apply for this certification:

- Applications may be submitted at any time but only if the individual will be working as a building administrator while completing requirements.
- Application processing and evaluation times vary during the year based on demand and average 8-10 weeks.

4. Certification Fees:

- All certification application fees are for processing requests and are non-refundable. Use the fee chart below to determine the appropriate fee for the request you submit. Only check or money order accepted.

Type of Request	Fee
Fast-Track Principal Preliminary Certification: Issuance	\$200.00 for each certification area issuance

5. For more information consult the Office of Educator Excellence and Certification Services website at:

<https://ride.ri.gov/teachers-administrators/educator-certification-0> or at egac@ride.ri.gov.



RHODE ISLAND EDUCATOR CERTIFICATION

Fast-Track Principal Preliminary Certificate

APPLICATION FORM

Section A: Applicant Information (Please Print Clearly)

Certification ID# (First time applicants please leave blank)

Social Security Number: **(REQUIRED)**

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Last Name: **(REQUIRED)**

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Suffix:

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Previous Last Name (and Suffix)– If applicable:

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First name: **(REQUIRED)**

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Middle Name or Initial:

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

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Home Address: **(REQUIRED)**

Address Line 1

Address Line 2

City/Town

State

Zip

Phone: **(REQUIRED)**

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Primary

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Cellular Phone

Email: **(REQUIRED)**

Primary Email

Additional Email

Ethnicity (REQUIRED):

- Hispanic/Latino
- Not Hispanic/Latino
- I do not wish to respond

Race (REQUIRED):

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- I do not wish to respond

Gender (REQUIRED):

- Female
- Male
- 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: LEA Attestation/Recommendation

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 educator for the Fast Track Certification Pathway and attest that all the information submitted herein is complete and accurate.

_____ (Signature of LEA Superintendent)	____/____/____ (Date)	_____ (Printed Name of LEA Superintendent)
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Section C: 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 ✓ 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 page 1 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 by placing a check mark in the *on-file* column. 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	On File	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)
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Verification of Work Experience

Application Package for Fast-Track Principal Preliminary 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)
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Verification of Evaluation Ratings

Application Package for Fast-Track Principal Preliminary 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 and 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.

_____ (Signature of LEA Superintendent)	____/____/____ (Date)	_____ (Printed Name of LEA Superintendent)
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Verification of Record of Consistent Leadership

Application Package for Fast-Track Principal Preliminary Certificate

This form is REQUIRED for applicants who:

- Need to document 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)
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Verification of Internship

To be completed for **progression to full PK-12 Building Level Administrator certification**
 Internships may be designed utilizing the [Fast-Track Principal Internship Guidance](#) document

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.

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.

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

Leading a District/School Initiative Form

To be completed for progression to full PK-12 Building Level Administrator certification

This form is REQUIRED for applicants who:

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 full PK-12 Building Level Administrator Certificate.

PART A: Fast-Track Principal

Last Name	First Name

PART B: School- or District-Wide Initiative Narrative

In 250 words or fewer, please indicate the following:

- When and where the initiative took place
- Your role in planning and implementing the initiative
- The rationale and intended impact of the initiative
- The outcome of the initiative

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-mentioned description and all related information submitted herein is complete and accurate.

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