



State of Rhode Island
Department of Elementary and Secondary Education
 Educator Certification
 School Nurse Teacher Preliminary Certificate Application Form Instructions

REQUIRED DOCUMENTATION CHECKLIST

PLEASE REFERENCE CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

All required documentation must be submitted for your application to be processed. Transcripts already on file with the Rhode Island Department of Education should not be resubmitted when applying for a new certificate area. Please only submit transcripts for new coursework and/ or degrees completed.

Coursework:

- Official or student-issued transcript with conferral of an Associate or Bachelor's degree from a regionally accredited institution
 (Photocopies are NOT accepted)

Experience:

- Three years of documented experience as a Professional Nurse (Completion of the School Nurse Teacher Work Experience Form (page 8)
 OR
 Work experience verification on official employer letterhead

Additional Credentials:

- Copy of your current Rhode Island Nursing license by the Rhode Island Department of Health

Fees:

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

Please mail only pages 5-8 of the application, fee, and all required documents 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 Elementary and Secondary Education

Educator Certification

School Nurse Teacher Preliminary Certificate Application Form Instructions

Ensure Educator Excellence:

Every student must have highly effective teachers.
 Every school must have highly effective leaders and support professionals.
 We must support educators throughout their careers.

Educator Certification in Rhode Island

Educator certification is the process through which Rhode Island educators demonstrate that they are prepared to enter the profession as new educators and then continue to demonstrate currency and competency within their specific area(s) of certification. Educator certification is required for all educators in all Rhode Island public schools, state approved special education programs and state funded pre-kindergarten programs.

1. Use of this application:

- This application should be used ONLY by individuals applying for or renewing a School Nurse Teacher Preliminary Certificate.
- This preliminary certificate is awarded to individuals who are not eligible for Full Rhode Island Certification in the area of School Nurse Teacher but have met specified criteria that qualify them to serve as educators while completing all full certification requirements.
- Individuals who complete all requirements for Full Certification in the area of School Nurse Teacher should use the General Application for Certification in Rhode Island to apply.

2. How to complete this application:

- Provide the required information in Sections A, B, and C. In section B, check the appropriate box(es) to indicate the Certification Request(s) and Certification Area(s).
 - **First Issuance/Renewal of a preliminary certificate:** Individual meets the Rhode Island certification requirements for a Preliminary One Year School Nurse Teacher certificate.
- Calculate and provide the appropriate fees for certification areas identified in Section B. Payment must be included with the application and all fees are calculated by certification area and per processing request and are non-refundable.
- Review the list of required documentation on Page 1 and submit all required documentation in the specified format with your application. Incomplete applications will be returned.
- Mail the completed application, fees, and documentation to the address on page 5 of this application.

3. When to apply for Certification:

- Individuals may request new certificates at any time. Individuals may renew their certificates after January 1 in the year of their certificate expiration (i.e., any time after 1/1/22 for a certificate expiring on 8/31/22).
- Application processing and evaluation varies based on demand and averages 12-16 weeks.

4. For more information consult the Office of Educator Excellence & Certification Support Services website at:

<http://www.ride.ri.gov/Certification> or email egac@ride.ri.gov.

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. We are NOT able to accept cash or debit/credit cards.

Make check payable to the General Treasurer – State of Rhode Island.

Type of Request	Fee
School Nurse Teacher Preliminary First Issuance and Renewal	\$100.00 for first certification area

Required Documentation

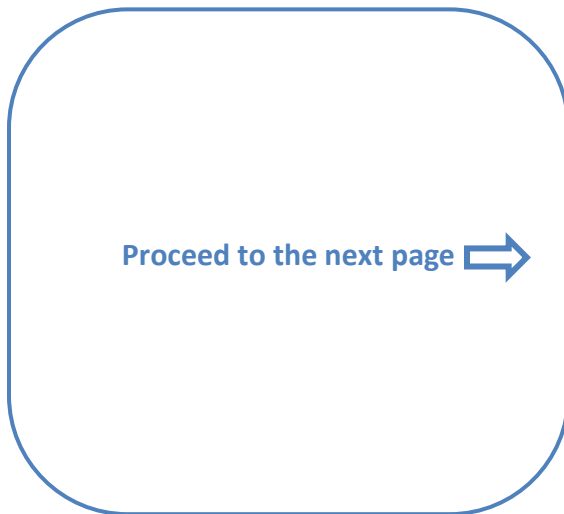
All required documentation must be submitted for your application to be processed. The required documentation is detailed in the chart below. Note: Transcripts that are already on file with the Rhode Island Department of Education do not need to be resubmitted with subsequent applications unless more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

Certification Area	Type/Conditions
School Nurse Teacher	<ul style="list-style-type: none"> • Transcripts (official or student issued) Note: If the transcript is provided as evidence of completion of a degree, the transcript must include a conferral date. • Certification Test Score Reports (original or photocopy) • Official Work Experience Verification form (p. 8 of this application) OR • Work experience verification (official employer letterhead) • Registered Nurse license (original or photocopy)

Issuance Requirements

The School Nurse Teacher Preliminary Certificate are issued to individuals who meet the following requirements, but who do not yet meet the requirements for Full Certification in Rhode Island as a School Nurse Teacher. Attaining the preliminary certificate allows the individual to begin serving in Rhode Island schools while completing the requirements for Full Rhode Island certification.

Certification Area	Issuance Requirements
School Nurse Teacher	<ul style="list-style-type: none"> • Holds an Associate or Bachelor's degree from a regionally accredited institution • Has completed an approved program for the preparation of professional nurses • Licensed as a professional nurse in Rhode Island • Provide evidence of three years' experience as a professional nurse





RHODE ISLAND EDUCATOR CERTIFICATION
SCHOOL NURSE TEACHER PRELIMINARY CERTIFICATE APPLICATION FORM

Section A: Applicant Information (Please Print Clearly)

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)

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<p>Home Address: (REQUIRED)</p> <p>Address Line 1</p> <p>Address Line 2</p> <p>City/Town</p> <p>State _____ Zip _____</p>	<p>Phone: (REQUIRED)</p> <p>(_____) _____ - _____</p> <p>Primary</p> <p>(_____) _____ - _____</p> <p>Cellular</p> <p>Email: (REQUIRED)</p> <p>_____ @ _____</p> <p>Primary Email</p> <p>_____ @ _____</p> <p>Additional Email</p>
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<p>Ethnicity*:(REQUIRED)</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p> <p><input type="checkbox"/> I do not wish to respond</p>	<p>Race*:(REQUIRED)</p> <p><input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> I do not wish to respond</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p>	<p>Gender*:(REQUIRED)</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to respond</p>
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***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 (See page 2 of this packet for more information)

Section B		
All Grades School Nurse Teacher Certificate (11508)		
All Grades School Nurse Teacher Preliminary Certificate	First Issuance	Renewal
Please check only ONE box:	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Required Information and Authorization

Read the statements in the box below, provide answers to the following questions, 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.		

OUT OF STATE CERTIFICATION		YES	NO
Do you hold a valid educator certificate in any other state? (If yes, provide the following information)			
State:	Certification Area:	Certification Number:	

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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Please mail only pages 5-8 of the application, fee, and all required documents to:
RHODE ISLAND DEPARTMENT OF EDUCATION
OFFICE OF EDUCATOR EXCELLENCE & CERTIFICATION SERVICES
255 WESTMINSTER STREET, 4TH FLOOR
PROVIDENCE, RI 02903-3400

School Nurse Teacher WORK EXPERIENCE FORM

The "Work Experience Form" is to be completed by you or your employer.

Please use one form for each employer

Your employment documentation will be reviewed for approval by an Evaluation Specialist. This form is to be used to demonstrate evidence of meeting the Rhode Island certification requirement of at least Three Years (3) experience as a professional nurse. Each form must be completed in full and signed by a supervisor or company official. Please include this form with your application.

PLEASE PRINT OR TYPE

NAME _____ SS# _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____ TEL. # _____

NAME OF EMPLOYER _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____ TEL # _____

NAME OF SUPERVISOR _____

ENTRY DATE OF EMPLOYMENT _____ TERMINATION DATE _____

FULL TIME _____ PART TIME _____ Job title _____

DUTIES PERFORMED (SPECIFIC) _____

(If more space is needed, please use reverse side)

Signed by company official:

NAME _____ NAME _____ TITLE _____

(Print)

(Signature)

TELEPHONE # _____ DATE _____

The above information concerning my employment and training is correct and accurate to the best of my knowledge.

Candidate Signature

Date

Work Experience reviewed for RI Dept. Ed. By

Date

THE RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION RESERVES THE RIGHT TO VERIFY ALL INFORMATION PRESENTED ON THIS FORM.