APPLICATION FOR CERTIFICATION

Pacific Union Conference
Office of Education
P. O. Box 5005
Westlake Village, CA 91359
805-497-9457, Ext. 314

Procedure: This application must be submitted to the Pacific Union Conference Office of Education. Your certificate will be issued by the Pacific Union Conference of Education in harmony with the requirements set forth in the current *Certification Requirements, K-12 for North American Division of Seventh-day Adventists.*

I hereby make application for the following certificate.

☐ Basic
☐ Standard
☐ Professional

☐ Administrator
☐ Designated Subjects/Services
☐ Conditional

Endorsement(s) desired: _____

Name _____
First Middle Maiden Last

Birth Date _____/_____/_____ Address _____
Mo Day Yr Street City State Zip

College Degree	Major	Minor	Name of College/University	Completion Date Mo Day Yr

Number of years of teaching experience: Denominational _____ Public _____
What denominational teaching certificate do you now hold or have held? _____
Date issued: _____ By which Union: _____
If now teaching, at what school: _____

My signature on this application blank will indicate that I am an active member of the Seventh-day Adventist Church and certify that it is my intention to subscribe to and teach within the framework and philosophy of the Seventh-day Adventist Church as outline in the *North American Division Working Policy* and the *Employment Policies* of the Pacific Union Conference *Education Code.*

Signature _____

Date _____

Social Security Number _____