

## APPLICATION FOR CERTIFICATION

Pacific Union Conference  
Office of Education  
P. O. Box 5005  
Westlake Village, CA 91359  
Telephone: 805-413-7314  
FAX: 805-413-7319

**Procedure:** This application must be submitted to the Pacific Union Conference Office of Education. Your certificate will be issued by the Pacific Union Conference Office 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.

<input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Professional	<input type="checkbox"/> Administrator <input type="checkbox"/> Designated Subjects/Services <input type="checkbox"/> Conditional
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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: \_\_\_\_\_  
 Where do you hold Seventh-day Adventist church membership: \_\_\_\_\_

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 outlined in the Employment Policies of the Pacific Union Conference *Education Code*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number or NAD Teacher ID # \_\_\_\_\_