APPLICATION FOR SDA TEACHER CERTIFICATION

Pacific Union Conference of Seventh-day Adventists

This application--along with official transcripts of all college and graduate work completed--is to be submitted to the Office of Education, Pacific Union Conference of SDA, P.O. Box 5005, Westlake Village, CA 91359, or by email to certification@adventistfaith.com

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.

Name						
(I	First)	(Middle)	(Maider	n Name)	(Last)	
Current Address						
Permanent Address	(if different	t)				
Birth Date Email Add			ldress			
I hereby make appl	ication for t	he following certifica	ite:			
A. Basic			D. Designated Subject/Service			
B. Standard			E. Conditional			
C. Professional			F. Administrator			
Endorsement(s) desir	ed					
List below all colleg	ge and grad	luate work taken. Use	e back of form if add	litional space n	eeded.	
			Degree Earned	Hours		
Name of So	chool	Dates Attended	and Year OR	Taken	Major(s)	Minor(s)
Number of years of	teaching ex	sperience: SDA	Public School	l Otl	her	
-		-				
	-					
Type of certificate?		By what	union/conference?			
Name of School En	nployed					
Where do you hold	Seventh-da	y Adventist church n	nembership?			
	itention to s	subscribe to and teach	n within the framew	ork and philoso	nth-day Adventist Churphy of the Seventh-day on Code.	
Signature						
Date						
NAD Teacher ID #, i	f known					