



# SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

## Request for Change/Action

Office of Educator Services

8301 Parklane Road

Columbia, SC 29223

<http://ed.sc.gov/educators/certification>

(803)896-0368 | fax

[certification@ed.sc.gov](mailto:certification@ed.sc.gov) | email

- To initiate action, please complete and submit this form along with supporting documentation to the above address. Requests may be submitted by mail, fax, email, or hand-delivery. Transcripts must be official; opened or faxed transcripts will be marked "unofficial".
- Not all requests will result in correspondence being sent. An official copy of the educator certificate will be provided only when an educator qualifies for a South Carolina certificate for the first time. All subsequent changes, additions or modifications to a certificate may be confirmed and printed by the educator from the View Certification Status page on our secure website at <http://ed.sc.gov/educators/certification>.

### Please print clearly or type the following information:

Last Four Digits of SSN:  and/or Complete Certificate ID Number:   
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ Former Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Please indicate all options that apply to your request

- ☐ 1. Update contact information as provided ☐ Update name based on submitted verification of a legal change of name
- ☐ 2. Official transcripts/certificates from \_\_\_\_\_ have been: ☐ Ordered ☐ Submitted
- ☐ 3. Advance certificate to the: ☐ BA+18 level ☐ MA level ☐ MA+30 level | Area: \_\_\_\_\_ ☐ Doctoral level
- ☐ 4. Add the field/endorsement of \_\_\_\_\_ based on completion of:  
                     Approved Program              Coursework & Examination              Examination (Professional certificates only)
- ☐ 5. Renew my Professional certificate ☐ Evaluate for Read to Succeed endorsement requirements
- ☐ 6. Pre-approve the attached course/program from \_\_\_\_\_ for the purpose of:  
                     ☐ Class level advancement ☐ Renewal ☐ Initial certification ☐ Adding the field/endorsement \_\_\_\_\_
- ☐ 7. Determine remaining requirements for \_\_\_\_\_ ☐ Advance certification if eligible
- ☐ 8. Evaluate my Initial certificate for advancement to the: ☐ Professional certificate ☐ Limited Professional certificate
- ☐ 9. Apply documents toward Retired Educator certificate eligibility:      PEBA Letter      \$30.00 fee (check/money order)
- ☐ 10. Add a one-year extension to my professional certificate for the 20\_\_\_\_/20\_\_\_\_ school year
- ☐ 11. Send an official copy of my current certificate; the \$10.00 fee (check or money order only) is enclosed
- ☐ 12. Other: \_\_\_\_\_

Effective dates of credential changes are established in State Board of Education Regulation 43-53 Credential Classification. If the Office of Educator Services receives an educator's request and all required documentation between

- May 1 and November 1: The change in status, if approved, will be effective July 1 of the same calendar year.
- November 2 and April 30: If the educator submitted the request within 45 days of fulfilling the requirements, the change in status, if approved, will be effective on the date that all requirements were satisfied.
- November 2 and April 30: If the educator submitted the request more than 45 days *after* fulfilling the requirements, the change in status, if approved, will be effective on the date that all information was received by the SCDE.

By signing below, I acknowledge that I have read and understand the provided information concerning the effective date of my credential and authorize the SCDE to initiate the actions indicated.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_