

Certification of Criminal and Professional Practices History

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department for certificatio Q μ +HQFH DQ\ SHUVRQ ZKR KDYH IHORQ\ RU PLVGHF do not qualify for admittance to the Initial Certification at the Advanced Level Program.

If the above statements do not apply to you, please continue.

Candidate Name : _____

Address: _____

Do you currently hold a Teaching Certificate?

YES _____ NO _____ State: _____

Type: _____ Expiration date: _____

Are you currently employed in a School District?

YES _____ NO _____ State: _____ School District: _____

I have a history of violations of the Code of Ethics of the Professional Practices Commission. If yes, please identify the violation(s), dates, and the disposition:

YES _____ NO _____ Have you ever had a professional license, certificate, permit, credential, or other document authorizing the practice of a profession suspended, revoked, voided, denied, rejected, or voluntarily surrendered?

YES _____ NO _____ Are you currently the subject of any inquiry or investigation, or is any action currently pending against you by any licensing agency, governmental body, or criminal justice agency?

Print Full Name

Legal Signature

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