

# 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 specified in the current *Certification Requirements, K-12 for North American Division of Seventh-day Adventists*.

I am applying for the following certificate.

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Basic        | <input type="checkbox"/> Administrator                |
| <input type="checkbox"/> Standard     | <input type="checkbox"/> Designated Subjects/Services |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Conditional                  |

Endorsement(s) desired: \_\_\_\_\_

Name \_\_\_\_\_  
First
Middle
Maiden
Last

Birth Date \_\_\_\_\_  
Month
Day
Year

Address \_\_\_\_\_  
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 # \_\_\_\_\_