SDA TEACHER CERTIFICATION RENEWAL APPLICATION FOR INACTIVE TEACHERS

Pacific Union Conference of Seventh-day Adventists

This application--along with official transcripts of any college work completed since your last renewal --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 renewed 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					
(First)	(Middle)	(Maiden	Name)	(Last)	
List any home address or em	ail changes below:				
Address Change					
Email Address Change					
I hereby request a renewal for	or the following certification	ate(s). Check all tha	t apply.		
A. Basic		D. Designated Subject/Service			
B. Standard		E. Conditional			
C. Professional		F. Administrator			
Endorsement(s) held					
List only work completed sinconcademic certification renewal Education.					
Name of School	Dates Attended	Degree Earned and Year OR	Hours Taken	Major(s)	Minor(s)
Number of years of teaching	avpariance: SDA	Public School	Oth	or	
	_				
Have you previously held a d					
Type of certificate?	By what	union/conference? _			
Name of School Employed _					_
Where do you hold Seventh-	day Adventist church m	nembership?			
My signature on this application to the certify that it is my intention to Church as outlined in the <i>Emp</i>	o subscribe to and teach	within the framewo	rk and philosop	ohy of the Seventh-day	
Signature					
Date					
NAD Teacher ID #, if known					