



GaPSC Initial Certification Application

To be used only by applicants who have **never** held educator certification in Georgia.

200 Piedmont Avenue SE, Suite 1702, Atlanta, GA 30334-9032

Revised **May 2015** – Please Use Black Ink or Type

This application may also be completed electronically through the Applications tab of your [MyPSC account](#).

1. Please use ALL CAPS to print your LEGAL NAME.

Title Mr. Ms. Dr. Last Name

First Name Middle Name

Social Security Number or GaPSC Certification ID Date of Birth (MM/DD/YY) / /

Mailing Address

City State Zip Code -

Primary Telephone - - Alternate Telephone - -

Email Address (required):

2. Employment Status:

I am currently employed as:

- a paraprofessional*
- a substitute (go to Section 3)
- an educator
- a Montessori educator
- none of these (go to Section 3)

*Paraprofessional certificates must be processed by an employing LUA using a separate application.

I am employed by a:

- GA public school system
- GA private school
- GA charter school
- GA state agency/RESA/EPP
- none of these (go to Section 3)

I am employed by the following school/agency in Georgia:*

*Please attach a completed Employer Assurance Form.

3. Transaction(s) Requested: Check one.

I am requesting my **first GA certificate** based on:

- Certification in another state (fee applies if applicant is not employed)
- Completion of an educator certification program (fee applies if the program was outside of GA and applicant is not employed)
- GA school system request (fee not required)

Certificate Fields Requested:

4. Fee: **If a standard \$20 fee applies to your selected transaction(s)**, it must be paid online through your [MyPSC account](#).

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Applicant's Name: _____ SSN or Cert ID: _____
Please Print Last, First Middle

5. Academic Record: List and attach official transcripts from all U.S. colleges/universities and Georgia Professional Learning programs attended.

- Transcripts previously submitted and retained need not be resubmitted or listed here.
- Attach an additional sheet if needed.
- Unofficial copies of college transcripts will not be accepted.
- If you have attended institutions **outside the United States**, please do not submit those official transcripts. Please submit a detailed course-by-course foreign credential evaluation report. Information regarding acceptable credentialing agencies can be found on [the GaPSC website](#).

College, State	Dates Attended	Degree Earned (N/A if none)	Check One		
			Transcript On File	Transcript Attached	Transcript Being Sent

Please list **any previous name(s)** under which your transcript(s) might be listed: _____

6. Certification Record: List ALL valid or expired professional educator certificates/licenses issued by another state or country, the District of Columbia, the Department of Defense Education Activity (DoDEA), or the National Board for Professional Teaching Standards (NBPTS). For each state or jurisdiction, list the certificate/educator identification number if available. If the certificate cannot be verified on a public website, you must submit a copy of the front and back of the certificate.

State/Jurisdiction	Certificate/Educator Identification Number	Validity Period	Check all that apply		
			Publicly Verifiable on the State's Website	Copy Attached	Copy Being Sent

- Do you currently hold **NBPTS certification**? Yes No *If yes, please include a copy with your application.*
- Have you ever worked full-time on a professional educator certificate? Yes No *If yes, please include a complete Experience Verification form for qualifying experience as described on the form.*
- Are you or your spouse an active duty U.S. military member? Yes No *If yes, please include a copy of a valid U.S. military ID.*
- Are you a current Troops to Teachers program participant? Yes No

7. Assessment Record: List any content/subject matter assessment(s) you have passed as a requirement for certification in any state. Submit copies of all score reports. If score reports are not available, an official letter from a state certification agency confirming the dates on which you passed each test will be accepted.

Check here if you were not required to pass any content/subject matter certification assessments.

State/Jurisdiction	Assessment Title	Date Passed	Check One	
			Copy /Attached	Copy Being Sent

Applicant's Name: _____ SSN or Cert ID: _____
Please Print Last, First Middle

8. **Personal Affirmation:** The applicant should enter a truthful "Yes" or "No" response to each of the following questions. All questions must have a response in order for the application process to continue. "YES" responses automatically open an investigation and require an attached explanation along with any additional supporting documentation. **DO NOT include matters that the GaPSC has investigated or is currently investigating.**

- 1. Have you ever had an adverse action (i.e. warning, reprimand, suspension, revocation, denial, voluntary surrender, disbarment) taken against a professional certificate, license or permit issued by an agency **OTHER THAN the Georgia Professional Standards Commission?**
- 2. Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency **OTHER THAN the Georgia Professional Standards Commission?**
- 3. Have you ever received a less than honorable discharge from any branch of the armed services? (If "yes", provide a copy of form DD214.)
- 4. While under investigation, have you ever left an employment position (retired, resigned, been dismissed, terminated, non-renewed or otherwise)?
- 5. Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- 6. Are you the subject of a pending investigation involving a criminal act?
- 7. For any **felony** or any **crime involving moral turpitude**, have you ever:
 - ◆ Pled guilty;
 - ◆ Entered a plea of *nolo contendere*;
 - ◆ Been found guilty;
 - ◆ Pled guilty to a lesser offense;
 - ◆ Been granted first offender treatment without adjudication of guilt;
 - ◆ Participated in a pre-trial diversion program;
 - ◆ Been found not guilty by reason of insanity; or
 - ◆ Been placed under a court order whereby an adjudication or sentence was withheld?
- 8. Have you ever been convicted, or pled to a lesser offense for any sexual offense?
- 9. Have you been convicted of a drug offense (felony or misdemeanor)?

I affirm that all information is true and correct. I hereby give permission to the Georgia Professional Standards Commission to obtain copies of any criminal and personnel records relating to me which are held by any local, state or federal government agency or private entity. I authorize any such agency or entity to release those records to the Commission.

Signature: _____ Date: _____

NOTE: This application must be received by the GaPSC within 90 days of the date of signature.

Moral Turpitude	
<p><u>Crimes involving moral turpitude:</u></p> <ul style="list-style-type: none"> • Fraud or false pretenses in obtaining something of value • Larceny or a misdemeanor theft by taking • Larceny after trust • Murder • Soliciting for prostitutes • Voluntary manslaughter • Sale of narcotics or other illegal drugs • Pattern of failure to file federal tax returns • <u>Criminal Issuance</u> of a bad check • Making a false report of a crime 	<p><u>Crimes NOT involving moral turpitude:</u></p> <ul style="list-style-type: none"> • Public drunkenness • Driving under the influence • Carrying a concealed weapon • Unlawful sale of liquor • Simple Battery and Simple Assault • Misdemeanor criminal trespass • Child abandonment • Misdemeanor offense of escape • Obstruction of a law enforcement officer (Misd.) • Most traffic offenses