

**GENERAL APPLICATION FOR PENNSYLVANIA
CERTIFICATE FORM PDE 338 G
(see instructions on back of this form)**

PDE USE ONLY CONTROL NUMBER

APPLICANTS: Please note the following information in regard to your Social Security Account Number (SSAN)
 DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)
 AUTHORITY: 24 P.S. Section 1224.
 PRINCIPAL PURPOSE(S): To be used for registration and maintenance of records of all certificated persons as having met qualifications for teaching.
 ROUTINE USES: Used by the Pennsylvania Department of Education for the (1) evaluation, registration, and maintenance of certification records, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification, and (3) provision of certification data to authorized personnel and agencies.
 DISCLOSURE: Mandatory. Withholding requested SSAN will result in denial of a candidate's application for certification.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. Last Name	1. First Name	M	4. Social Security Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
2. Street Address		Mon Day Year	M F
		5. Date of Birth	6. Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. City	2. State	2. Zip Code	
3. Chronologically print former name(s) beginning with the most recent Last Name First Name MI			<input type="text"/>
_____			7. Home Phone
_____			<input type="text"/>
_____			7. Daytime Phone
8. Bachelor's Degree Conferred Month Year College		9. Subject Area and the Code of the certification for which you are applying	
____/____		_____	
		<input type="text"/>	
		Code	

10. HEALTH CERTIFICATE: (Must be completed by a U.S. Licensed Physician. See instructions.)
 I certify that I am a physician legally qualified to practice medicine in a state of the United States or its capital; that I have examined and find the above named applicant able to perform the essential functions of and to successfully perform the duties of a teacher, with or without reasonable accommodation, and that the applicant does not, because of tuberculosis or any other communicable disease or mental disability, pose a direct threat to the health or safety of others that cannot be eliminated by a reasonable accommodation.

 Signature of Examining Physician Date State in Which Licensed Physician Number

STATEMENT OF APPLICANT		YES	NO
11. Are you a U.S. Citizen? (If no, see instructions.)		<input type="text"/>	<input type="text"/>
12. Have you ever held any Pennsylvania certificate (including intern, Temporary Teaching Permit, or emergency permit)? (If yes, attach copy.)		<input type="text"/>	<input type="text"/>
13. Have you ever had a certificate or license denied, revoked, suspended or surrendered in this or any other state? (If yes, see instructions.)		<input type="text"/>	<input type="text"/>
14. Have you resigned from an educational position to avoid dismissal or is there disciplinary action pending in any state? (If yes, see instructions.)		<input type="text"/>	<input type="text"/>
15. Have you ever been convicted of a crime classified as a misdemeanor or felony, or are criminal charges pending against you? (If yes, see instructions.) NOTE: Summary offenses do not need to be acknowledged.		<input type="text"/>	<input type="text"/>

I certify that the information provided in this application, including all statements, transcripts and documentation, are correct and true. I understand that the falsification of any statement or document will result in the revocation of my Pennsylvania certificate.

 Signature of Applicant Date

INSTRUCTIONS FOR GENERAL APPLICATION - FORM PDE 338 G

The **General Application, Form PDE 338 G**, ***MUST be submitted with all application requests, with the exception of PDE 338 D, Request for Duplicate Certificate or Name Change.*** If you do not include this form, your complete application packet will be returned to you. Attach a Fifteen Dollar (\$15.00) U.S. Money Order made payable to the Commonwealth of Pennsylvania. We are unable to accept personal checks, cash, or credit cards. **The fee will be retained by the Commonwealth whether or not the transaction results in the issuance of a certificate.** Mail the application and supporting documents to: Bureau of Teacher Certification and Preparation, Pennsylvania Department of Education, 333 Market Street, Harrisburg, PA 17126-0333.

PRINT IN CAPITAL LETTERS WITH DARK BLUE OR BLACK INK

1. Print your Last Name, First Name and Middle Initial.
2. Print your complete address, and enter your Zip Code.
3. Print your former name(s), if applicable, beginning with the most recent.
4. Enter your Social Security Number.
5. Enter your Date of Birth (Month, Day, Year).
6. Print M or F in the correct box for male or female.
7. Enter your telephone numbers (Home and Daytime) in case we need to contact you.
8. Enter the Month/Year and print the College from which you received your bachelor's degree.
9. List the Subject Area for which you are applying and specify the Code. Select a Subject Area and Code from the list on the page preceding this form.
10. **HEALTH CERTIFICATE:** A U.S. licensed physician (not a nurse or physician's assistant) must complete the Health Certificate. Signature of physician not required if applicant submits copy of previously issued Pennsylvania teaching certificate.
11. **STATEMENT OF APPLICANT:** Answer the citizenship question **by printing either a YES or NO in the boxes provided.** If you are *not* a U.S. citizen, you must enclose a **notarized** copy of your permanent immigrant visa, which permits you to seek employment within the United States. Additionally, with the exception of foreign language teachers, *you must intend to become a citizen and file a notarized form titled, "Declaration of Intent to Become a Citizen of the United States"* (part of Foreign Supplement Package available from the Bureau of Teacher Certification and Preparation). If the information noted in these instructions is not submitted with this application form, your application will be returned to you.
12. Answer the Pennsylvania certification question **by printing either a YES or NO in the boxes provided.** **NOTE:** The question includes prior emergency, intern or Temporary Teaching Permits. If the answer is Yes, attach a copy of certificate(s).
13. Answer **ALL** the moral character questions, 13-15, **by printing either a YES or NO in the boxes provided.** A YES answer does not automatically exclude a person from obtaining a certificate. A response to any question with a YES answer must be accompanied by a signed letter of explanation and certified court documents.
16. Sign and date the application. Your signature verifies that all of the information provided is correct and true. Misrepresentation/falsification of any statement or document may result in the revocation of your Pennsylvania certificate.

SUBJECT AREAS AND CODES

INSTRUCTIONAL AREAS

<u>CODE</u>	<u>AREA</u>
1200	AGRICULTURE K-12
1405	ART K-12
1603	BUS/COMPUTER/INFO TECH K-12*
3200	COMMUNICATION 7-12
2361	COOPERATIVE ED 7-12
2840	EARLY CHILDHOOD N-3
2810	ELEMENTARY K-6
3230	ENGLISH 7-12
4820	ENVIRONMENTAL EDUCATION K-12
5600	FAMILY/CONSUMER SCI K-12*
FOREIGN LANGUAGES	
4005	ARABIC K-12
4405	CHINESE K-12
4410	FRENCH K-12
4420	GERMAN K-12
4010	GREEK K-12
4020	HEBREW K-12
4430	ITALIAN K-12
4440	JAPANESE K-12
4025	KOREAN K-12
4030	LATIN K-12
4450	LITHUANIAN K-12
4460	POLISH K-12
4470	PORTUGUESE K-12
4475	RUMANIAN K-12
4480	RUSSIAN K-12
4040	SANSKRIT K-12
4485	SLOVAK K-12
4490	SPANISH K-12
4493	UKRAINIAN K-12
4495	VIETNAMESE K-12
4810	HEALTH K-12
4805	HEALTH & PHYSICAL ED K-12
6420	LIBRARY SCIENCE K-12
1668	MARKETING/DISTRIBUTIVE ED TEACHER COOR. 7-12
6800	MATHEMATICS 7-12
2850	MIDDLE LEVEL ENGLISH 7-9**
2860	MIDDLE LEVEL MATHEMATICS 7-9**
2870	MIDDLE LEVEL CITIZENSHIP EDUCATION 7-9**
2880	MIDDLE LEVEL SCIENCE 7-9**
7205	MUSIC K-12
7650	READING SPECIALIST K-12
5215	SAFETY ED/DRIVER ED 7-12
SCIENCE	
8405	BIOLOGY 7-12
8420	CHEMISTRY 7-12
8440	EARTH AND SPACE SCIENCE 7-12
8450	GENERAL SCIENCE 7-12
8470	PHYSICS 7-12
8825	CITIZENSHIP EDUCATION 7-12*
8865	SOCIAL SCIENCES 7-12*
8875	SOCIAL STUDIES 7-12
SPECIAL EDUCATION	
9205	HEARING IMPAIRED K-12
9265	SPEECH & LANG IMPAIRED K-12
9290	VISUALLY IMPAIRED K-12
9225	SPECIAL EDUCATION N-12*
6075	TECHNOLOGY EDUCATION K-12*

EDUCATIONAL SPECIALIST AREAS

<u>CODE</u>	<u>AREA</u>
1830	DENTAL HYGIENIST K-12
1836	ELEMENTARY SCHOOL COUNSELOR K-6
1850	HOME AND SCHOOL VISITOR K-12
1825	INSTRUCTIONAL TECHNOLOGY SPECIALIST K-12
1865	NUTRITION SERVICE SPECIALIST K-12
1890	SCHOOL NURSE K-12
1875	SCHOOL PSYCHOLOGIST K-12
1837	SECONDARY SCHOOL COUNSELOR 7-12
9800	SOCIAL RESTORATION 7-12

SUPERVISORY AREAS

<u>CODE</u>	<u>AREA</u>
1415	ART SUPERVISOR
3215	COMMUNICATION (ENGLISH) SUPERVISOR
2615	COMPREHENSIVE VOCATIONAL ED SUPERVISOR
2515	COOPERATIVE EDUCATION SUPERVISOR
2915	CURRICULUM AND INSTRUCTION SUPERVISOR
2827	EARLY CHILDHOOD SUPERVISOR
2815	ELEMENTARY EDUCATION SUPERVISOR
4897	ENVIRONMENTAL EDUCATION SUPERVISOR
4415	FOREIGN LANGUAGES SUPERVISOR
4815	HEALTH & PHYSICAL EDUCATION SUPERVISOR
5915	INDUSTRIAL ARTS/TECHNOLOGY ED SUPERVISOR
1829	INSTRUCTIONAL TECHNOLOGY SPEC SUPERVISOR
6415	LIBRARY SCIENCE SUPERVISOR
6815	MATHEMATICS SUPERVISOR
7215	MUSIC SUPERVISOR
2930	PUPIL PERSONNEL SERVICES SUPERVISOR
7615	READING SUPERVISOR
5227	SAFETY ED/DRIVER EDUCATION SUPERVISOR
1815	SCHOOL GUIDANCE SERVICES SUPERVISOR
1891	SCHOOL HEALTH SERVICES SUPERVISOR
1877	SCHOOL PSYCHOLOGICAL SERVICES SUPERVISOR
1855	SCHOOL SOCIAL SERVICES SUPERVISOR
8415	SCIENCE SUPERVISOR
8815	SOCIAL STUDIES SUPERVISOR
9215	SPECIAL EDUCATION SUPERVISOR

ADMINISTRATIVE & LETTER OF ELIGIBILITY AREAS

<u>CODE</u>	<u>AREA</u>
1115	PRINCIPAL K-12*
2300	VOCATIONAL ADMINISTRATIVE DIRECTOR
1150	DISTRICT SUPERINTENDENT
1155	ASSISTANT DISTRICT SUPERINTENDENT
1160	INTERMEDIATE UNIT EXECUTIVE DIRECTOR
1165	ASSISTANT IU EXECUTIVE DIRECTOR

*Effective September 1, 2001

**Effective September 1, 2003