



**SOUTH CAROLINA
STATE DEPARTMENT
OF EDUCATION**

Request for Change/Action

Office of Educator Services
8301 Parklane Road
Columbia, SC 29223
<http://ed.sc.gov/educators/certification>
(803)896-0368 | fax
certification@ed.sc.gov | email

- To initiate action, please complete and submit this form along with supporting documentation to the above address. Requests may be submitted by mail, fax, email, or hand-delivery. Transcripts must be official; opened or faxed transcripts will be marked “unofficial”.
- Not all requests will result in correspondence being sent. An official copy of the educator certificate will be provided only when an educator qualifies for a South Carolina certificate for the first time. All subsequent changes, additions or modifications to a certificate may be confirmed and printed by the educator from the View Certification Status page on our secure website at <http://ed.sc.gov/educators/certification>.

Please print clearly or type the following information:

Last Four Digits of SSN: and/or Complete Certificate ID Number:

Last Name: _____ First Name: _____ MI: ____ Former Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Home Phone: (____) _____ Work Phone: (____) _____

Please indicate all options that apply to your request

1. Update contact information as provided Update name based on submitted verification of a legal change of name
2. Official transcripts/certificates from _____ have been: Ordered Submitted
- 2A. Advance certificate to the: BA+18 level MA level MA+30 level | Area: _____ Doctoral level
- 2B. Add the certification area/endorsement _____
- 2C. Renew my professional certificate
3. Pre-approve the attached course/program from _____ for the purpose of:
- Class level advancement Renewal Initial certification Adding the area/endorsement _____
4. Determine remaining requirements for _____ Advance certification if eligible
5. Evaluate my Initial certificate for advancement to the: Professional certificate Limited Professional certificate
6. Add a one-year extension to my professional certificate for the 20__/20__ school year
7. Add additional years of experience (*Submit the Verification of Teaching Experience form*)
8. Send an official copy of my current certificate. The \$10.00 fee (check or money order only) is enclosed.
9. Other: _____

Please submit a formal letter detailing your request if additional space is needed.

Effective dates of credential changes are established in State Board of Education Regulation 43-53 Credential Classification. If the Office of Educator Services receives an educator’s request and all required documentation between

- May 1 and November 1: The change in status, if approved, will be effective July 1 of the same calendar year.
- November 2 and April 30: If the educator submitted the request within 45 days of fulfilling the requirements, the change in status, if approved, will be effective on the date that all requirements were satisfied.
- November 2 and April 30: If the educator submitted the request more than 45 days *after* fulfilling the requirements, the change in status, if approved, will be effective on the date that all information was received by the SCDE.

By signing below, I acknowledge that I have read and understand the provided information concerning the effective date of my credential and authorize the SCDE to initiate the actions indicated.

Signature: _____ **Date:** _____