



**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:** \_\_\_\_\_