

APPLICATION FOR LEVEL II CERTIFICATE FORM PDE 338 P

(Refer to instructions included with this two page form)

APPLICANTS: Please note the following information in regard to your Social Security Number (SSN)

DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)

AUTHORITY: 24 P.S. Section 1224.

PURPOSE(S): To be used for (1) registration and maintenance of records of all certificated persons as having met qualifications for teaching, (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. Failure to disclose will prevent further processing of the application.

SECTION I – APPLICANT INFORMATION (please print or type)

Last Name	First Name	Middle Initial	Social Security Number
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SECTION II-SCHOOL ENTITY INFORMATION

1. School Entity Name New Kensington-Arnold School District	2. AUN Number 107765303
3. Address 707 Stevenson Blvd.	City/State/Zip Code New Kensington, PA 15068
4. Point of Contact Name Audrey Sleigh	5. Point of Contact Title/Position Superintendent Secretary
6. Point of Contact Email Address Asleigh@nksd.com	7. Point of Contact Telephone Number 724-335-4401 x 1064

SECTION III – PROFESSIONAL EDUCATOR EXPERIENCE (to be completed by school entity)

Beginning Date of Assignment (mm/dd/yyyy)	Ending Date of Assignment (mm/dd/yyyy)	Full Time Service?	If Part-Time % worked per...	Assignment*	Grade Level	Satisfactory Service?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Day _____% Wk _____%			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Day _____% Wk _____%			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Day _____% Wk _____%			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Day _____% Wk _____%			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Day _____% Wk _____%			<input type="checkbox"/> Yes <input type="checkbox"/> No

* If the applicant's assignment is Dean of Students, Resource Room, Teen Parenting, Alternative Education or any locally titled assignment, a current school board approved job description must be submitted with the PDE 338 P form.

PDE 338P (Revised 1/11)

Applicant Social Security Number: _____

SECTION IV-CHIEF SCHOOL ADMINISTRATOR RECOMMENDATION

1. I verify that the applicant has satisfactorily completed this school entity's Pennsylvania Department of Education Approved Induction Program as outlined in § 49.16 of the Regulations of the State Board of Education of Pennsylvania.

(If the induction program was completed at another school entity, written confirmation from the Chief School Administrator of that entity must accompany this application)

Initial

2. I verify that the applicant has achieved a satisfactory rating on an evaluation of basic skills knowledge, professional knowledge and practice and subject matter knowledge. The evaluation is maintained in the employee's personnel file.

Initial

3. I confirm that the applicant is known and regarded by the school entity as a person of good moral character and possesses those personal qualities and professional knowledge and skill which warrant issuance of the requested certificate.

Initial

(Administrative applicants only)

4. I verify that the administrator has satisfactorily completed a Pennsylvania Department of Education approved PA Inspired Leadership (PIL) Induction Program in accordance with Act 45 of 2007 as indicated by the enclosed photocopy of the PIL Certificate of Completion for Principal Induction Program.

Initial

I certify that the information provided in this application is correct and true.

John E. Pallone, Superintendent

Signature of Superintendent

Name & Title

Date

INSTRUCTIONS FOR APPLICATION FOR LEVEL II CERTIFICATE FORM PDE 338 P
PRINT WITH DARK BLUE OR BLACK INK

SECTION I: Applicant Information

(Section I is to be completed by the applicant)

1. Enter your Last Name, First Name, Middle Initial and Social Security Number.
2. **Give the PDE 338P form and instructions to your employer to complete.** A separate PDE 338 P Form must be completed by each employer.
3. After your employer has completed and returned the PDE P 338 form to you, forward the form, along with a PDE 338 G form, transcripts and/or official Intermediate Unit credit confirmation letters, a photocopy of the PIL Certificate of Completion for Principal Induction Program (administrative applicants only), and fee to the Bureau for processing. Refer to Level II Instruction booklet for further information.

SECTION II: Public School Entity Information

(Section II must be completed by the school entity- not the applicant)

1. Enter the Name of the school entity.
2. Enter the AUN of the school entity.
3. Enter the school entity's Address.
4. Enter the school entity's Designated Point of Contact.
5. Enter the Designated Contact's Title/Position.
6. Enter the Designated Contact's Email Address and Telephone Number in the spaces provided.

SECTION III: Certification Program Information

(Section III must be completed by the school entity- not the applicant)

Each assignment the applicant has held must be documented on a separate line in the chart provided. For example, if the applicant was assigned as an Elementary teacher for Grade 6 for two years, and then was reassigned to a Grade 5 class room for the following three years, each assignment must have its own assignment entry in the chart provided.

1. Enter the Beginning and Ending Date of the assignment.
2. If the assignment was a Part-Time position, enter the total percentage of time the applicant worked per day and per week. If the assignment was a Full-Time position, do not complete this block.
3. List the Title and Grade Level of the Assignment.
4. Indicate whether the service was satisfactory by checking the "yes" or "no" box.

SECTION IV: Superintendent Recommendation

(Section IV must be completed by the Superintendent. A CEO/Director may complete and sign the form if the school entity is a Charter School)

1. Confirm each statement by placing your initials in the box provided.
2. Sign and date the form. Your signature confirms your recommendation for Level II certification.
3. **Return the form to the applicant,** not to the Bureau of School Leadership and Teacher Quality.

(Revised 1/11)