

**GENERAL APPLICATION FOR PENNSYLVANIA  
CERTIFICATE  
FORM PDE 338 G**

(Refer to instructions included with this two page form)

PDE USE ONLY

CONTROL NO.

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 – PERSONAL INFORMATION (please print or type)**

1. Last Name	First Name	Middle Initial	2. Social Security Number
3. Address			4. Date of Birth (mm/dd/yyyy)
City/State/Zip Code			5. <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Telephone Home/Cell ( )	Work Phone ( )		7. E-Mail Address
8. Please list all former name(s) beginning with the most recent			9. Are you a United States Citizen?
_____			<input type="checkbox"/> Yes
_____			<input type="checkbox"/> No
Last First MI			

**SECTION II-CERTIFICATION INFORMATION**

1. Date Initial Bachelor's Degree conferred (Do not list Masters or Doctorate level degree-only Baccalaureate degree)

\_\_\_\_\_

Month/Year Degree College/University

2. Subject Area and 4-digit Code of the certification area for which you are applying (enter the area of concentration or endorsement, if applicable):

\_\_\_\_\_

Subject Area 4-digit Code Concentration(s) / Endorsement

**SECTION III-HEALTH CERTIFICATE**

The Health Certificate section must be completed by a United States licensed physician, physician's assistant or nurse practitioner

I certify that I am a physician, physician's assistant or nurse practitioner (circle one) licensed/certified as such in a state of the United States or its capital; that I have examined the applicant and find that the applicant is not disqualified by reason of a mental or physical disability or a communicable disease from the successful performance of the essential functions of a teacher with or without a reasonable accommodation.

\_\_\_\_\_

Signature of Examiner Title Date

\_\_\_\_\_

( )

State in which licensed State License No. Daytime Phone Number

PDE 338 G (Revised 12/10)

Applicant Social Security Number: \_\_\_\_\_

### SECTION IV-BACKGROUND

Read and answer each question *carefully*...ensure that you have selected the appropriate check box. Incorrectly checking a box may significantly delay the processing of your application. Please refer to the instruction sheet for further information.

1. Have you ever been the subject of a child abuse investigation or report in this or any other state, territory or country? (If yes, read the instructions for this question first, then indicate whether the investigation or report is pending, unfounded, indicated, or founded by checking the appropriate box)	Yes: <input type="checkbox"/> Pending <input type="checkbox"/> Unfounded <input type="checkbox"/> Indicated <input type="checkbox"/> Founded <input type="checkbox"/> No
2. Are you currently the subject of any misconduct investigation by an employer? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending, or under investigation? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there disciplinary action pending by a licensing agency in this or any other state, territory or country? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had any certificate or license for any profession denied, revoked, suspended, surrendered, or received a public reprimand in this or any other state, territory or country? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted of a crime classified as a misdemeanor or felony in this state or any other state, territory or country? (If yes, refer to instructions.) <i>(For purposes of this question, convicted includes pleas of nolo contendere and guilty pleas. However, summary offenses do not need to be acknowledged.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are criminal charges pending against you, or are you the subject of an inquiry or investigation by a law enforcement agency in this or any other state, territory or country? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION V-CODE OF CONDUCT

The Pennsylvania code of Professional Practice and Conduct for Educators, which may be found on the PDE website, sets forth the standards for professional practice for Pennsylvania professional educators. All professional educators are expected to conduct themselves in accordance with the Code. Failure to do so may result in professional discipline. Indicate that you have read the code by checking the box below.

I certify that I have read and will abide by the Code of Professional Practice and Conduct for Educators.

### SECTION VI-AFFIDAVIT

*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 may result in professional discipline, including revocation of my Pennsylvania certificate.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PDE 338 G (Revised 12/10)

**INSTRUCTIONS FOR GENERAL APPLICATION - FORM PDE 338 G**  
**PRINT WITH DARK BLUE OR BLACK INK**

**SECTION I: Personal Information**

1. Print your Last Name, First Name, and Middle Initial
2. Print your Social Security Number
3. Print your complete Address and Zip Code
4. Print your Date of Birth
5. Check the appropriate box for male, or female
6. Print your telephone numbers in the event you must be contacted
7. Print your current e-mail address
8. Print your former names, if applicable
9. Please state your citizenship status by checking the "yes" or "no" box. If you are not a U.S citizen, you must enclose the following documents with your application:
  - A copy of the front and back of your permanent resident visa, which permits you to permanently reside and work in the United States.
  - A, *Declaration of Intent to Become a Citizen of the United States* form. This form is included in the Foreign Supplement Package available from the PDE website at: [www.education.state.pa.us](http://www.education.state.pa.us). This does not apply to Foreign Language teachers.
  - If you have become a citizen since submitting your last application, you must return your original Alien Provisional Certificate as well as a copy of your U.S. Naturalization Paper for conversion.

**If the documentation noted above is not submitted with the PDE 338 G form, the application will be returned to you.**

**SECTION II: Certification Information**

1. Enter the Month/Year, name of degree, and college from which you received your initial bachelor's degree. Do not list information regarding Masters or Doctorate degrees.
2. List the Subject Area for which you are applying and specify the Code. Select a Subject Area and Code from the Subject Areas and Codes list.
3. If applicable, enter the area of concentration (mid-level certificates) or the endorsement (example: ESL)

**SECTION III: Health Certificate**

A U.S. licensed physician, physician's assistant or nurse practitioner must sign the Health Certificate section of this application. The Health Certificate section is not required if the applicant holds, or has held, a PA certificate including Emergency Permits or Temporary Teaching Permits.

**SECTION IV: Background**

**Please note: Incorrectly answering the any questions in Section IV may significantly delay the processing of your application.**

1. If you have answered "pending", "unfounded," "founded" or "indicated" you must provide a current, original Child Abuse Clearance from the state, territory or country in which the investigation or report occurred, and a signed letter of explanation with your application. If you have never been the subject of a child abuse investigation or report, select the "no" box.
2. If you have answered "yes" a signed letter of explanation, as well as any public documentation pertaining to the disciplinary action must be submitted with this application.
3. If you have answered "yes" a signed letter of explanation, as well as any documentation pertaining to the disciplinary action, termination, investigation, or resignation, must be submitted with this application.
4. If you have answered "yes" a signed letter of explanation, as well as any public documentation pertaining to the disciplinary action must be submitted with this application.

5. If you have answered “yes” you will not be automatically prevented from obtaining a PA certificate. A certification denial based on insufficient credentials (such as lack of coursework or test scores) does *not* need to be acknowledged. Any documentation pertaining to the denial, revocation, suspension, surrender, or reprimand must be submitted with this application.
6. If you have answered “yes” please include the following in your application (A YES answer does not automatically prevent an applicant from obtaining a PA certificate):
  - a signed letter of explanation;
  - your resume;
  - certified court documents related to all criminal matters;
  - a current, original FBI Clearance or registration identification number;
  - a current, original PA Criminal Background Check;
  - a current, original PA Child Abuse Clearance;
  - a letter from your probation officer, if applicable; and
  - five letters of reference from individuals who have direct knowledge related to the conduct that led to the charges or conviction. If you are currently employed by a school district, letters of reference from the employer or supervisor are recommended.
7. If you have answered “yes” please attach the additional documentation as listed above.

#### SECTION V: Code of Conduct

The Pennsylvania’s Code of Professional Practice and Conduct for Educators may be found at [http://www.portal.state.pa.us/portal/server.pt/community/guidelines%2C\\_policies%2C\\_complaint\\_forms%2C\\_reports\\_and\\_related\\_documents/8850/code\\_of\\_conduct/529193](http://www.portal.state.pa.us/portal/server.pt/community/guidelines%2C_policies%2C_complaint_forms%2C_reports_and_related_documents/8850/code_of_conduct/529193). Review the code and check the box indicating that you have read and will abide by the Pennsylvania’s Code of Professional Practice and Conduct for Educators.

#### SECTION VI: Affidavit

**Complete the Affidavit section by Signing and dating the application.** Your signature certifies that all of the information provided in the application is correct and true. Misrepresentation/falsification may result in professional discipline and the revocation of your Pennsylvania certificate.

#### COMPLETING THE APPLICATION

The primary reason for delays in processing certification applications is missing or incomplete information on the 338 G form and/or missing documentation. **If there is missing or incomplete information, and/or missing documentation, your application will not be processed and will be returned to you. All signatures and corresponding dates must be within one year of application submission.**

Before mailing, review the application and ensure:

- The information entered on the 338 G form is complete and accurate (*ensure that you have enclosed both pages of the 338 G form*)
- A U.S. licensed physician, physician’s assistant or nurse practitioner has signed the form, if applicable
- All required documentation is enclosed
- The 338 G form has been signed and dated
- Enclose a U.S. Money Order for appropriate fee made payable to the Commonwealth of Pennsylvania with your application. The Bureau of School Leadership and Teacher Quality is unable to accept personal checks, cash, or credit cards. **The non-refundable fee will be retained by the Commonwealth whether or not the transaction results in the issuance of a certificate.**

Mail the General Application-Form PDE 338 G, U.S. money order, and supporting documents to:

Bureau of School Leadership and Teacher Quality  
 Pennsylvania Department of Education  
 333 Market Street, 3<sup>rd</sup> Floor  
 Harrisburg, PA 17126-0333

Please Note: If you are pursuing certification directly through a Pennsylvania teacher preparation program, the application should be submitted to the college/university. Please bring your completed application packet to the college/ university—do not mail to PDE.

<b>Code</b>	<b>Instructional Areas-Miscellaneous</b>
1200	AGRICULTURE K-12
1405	ART K-12
1603	BUS/COMPUTER/INFO TECH K-12*
8825	CITIZENSHIP EDUCATION 7-12*
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*
2825	GRADES PK-4*** (not currently available)
3100	GRADES 4-8*** (not currently available)
4810	HEALTH K-12
4805	HEALTH & PHYSICAL ED K-12
6420	LIBRARY SCIENCE K-12
1666	MARKETING/DISTR ED K-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
8865	SOCIAL SCIENCES 7-12*
8875	SOCIAL STUDIES 7-12
6075	TECHNOLOGY EDUCATION K-12*

<b>Code</b>	<b>Instructional - Foreign Languages</b>
4005	ARABIC K-12
4405	CHINESE K-12
4410	FRENCH K-12
4420	GERMAN K-12
4010	GREEK K-12
4023	HINDI 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
4453	PASHTO K-12
4455	PERSIAN FARSI K-12
4460	POLISH K-12
4470	PORTUGUESE K-12
4473	PUNJABI K-12
4475	RUMANIA- K-12
4480	RUSSIAN K-12
4040	SANSKRIT K-12
4485	SLOVAK K-12
4490	SPANISH K-12
4486	SWAHILI K-12
4487	TURKISH K-12
4493	UKRAINIAN K-12
4495	VIETNAMESE K-12
4494	URDU K-12

\* Effective September 1, 2001  
 \*\* Effective September 1, 2003  
 \*\*\* Effective September 1, 2013  
 \*\*\*\* Discontinued January 1, 2013

<b>Code</b>	<b>Instructional - Science</b>
8405	BIOLOGY 7-12
8420	CHEMISTRY 7-12
8440	EARTH AND SPACE SCIENCE 7-12
8450	GENERAL SCIENCE 7-12
8470	PHYSICS 7-12

<b>Code</b>	<b>Instructional-Special Education</b>
9205	HEARING IMPAIRED K-12
9265	SPEECH & LANG IMPAIRED K-12
9290	VISUALLY IMPAIRED K-12
9225	SPECIAL EDUCATION N-12*, ****
9226	SPECIAL EDUCATION PK-8*** (not currently available)
9227	SPECIAL EDUCATION 7-12*** (not currently available)

<b>Code</b>	<b>Education Specialist Areas</b>
1830	DENTAL HYGIENIST K-12
1836	ELEMENTARY SCHOOL COUNSELOR K-6
1850	HOME AND SCHOOL VISITOR K-12
1825	INSTRUCTIONAL TECHNOLOGY SPECIALIST K-12
1890	SCHOOL NURSE K-12
1875	SCHOOL PSYCHOLOGIST K-12
1837	SECONDARY SCHOOL COUNSELOR 7-12

<b>Code</b>	<b>Supervisory Areas</b>
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

<b>Code</b>	<b>Administrative &amp; Letter of Eligibility Areas</b>
1115	PRINCIPAL K-12
2300	VOCATIONAL ADMINISTRATIVE DIRECTOR
1150	DISTRICT SUPERINTENDENT
1155	ASSISTANT DISTRICT SUPERINTENDENT
1160	INTERMEDIATE UNIT EXECUTIVE DIRECTOR
1165	ASSITANT INTERMEDIATE UNIT EXECUTIVE DIRECTOR

# COLLEGE/UNIVERSITY VERIFICATION FORM PDE 338 C

**Completion of Approved Education Program  
For Use by Applicants Prepared by PA Colleges/Universities  
(Refer to instructions included with this 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 – PREPARING COLLEGE/UNIVERSITY RECOMMENDATION

1. I certify that the applicant has achieved at least a satisfactory rating on the PDE 430, PA Statewide Evaluation Form for Student Professional Knowledge and Practice.	_____ Initial						
2. Check and Initial one of the following statements: <ul style="list-style-type: none"> <li><input type="checkbox"/> I certify that the applicant has been formally admitted to and is pursuing an <b>approved intern program</b> to qualify for a certificate in the Subject Area(s) or Field(s) listed below.</li> <li><input type="checkbox"/> I certify that the applicant has completed an <b>approved program</b> (PA Code §49.68) and has successfully demonstrated competencies to qualify for a certificate in the Subject Area(s) or Field(s) listed below. Date of program completion: _____</li> <li><input type="checkbox"/> I certify that the applicant has completed an <b>approved program</b> (PA Code §49.68), but the preparing institution is not recommending the candidate for certification. A letter of explanation is enclosed with the PDE 338 C form.</li> </ul>	_____ Initial  _____ Initial  _____ Initial						
3. Check the box and initial one of the following statements: <ul style="list-style-type: none"> <li><input type="checkbox"/> The applicant has earned an overall 3.0 GPA or higher, and has met the qualifying assessment score.</li> <li><input type="checkbox"/> The applicant has below a 3.0 GPA, but has a least an overall 2.8 GPA and has scored one standard deviation above the qualifying score on the appropriate content area assessment.</li> <li><input type="checkbox"/> The applicant has met the qualifying assessment score(s) based upon an overall GPA of 3.1-4.0. The applicant's overall GPA is _____.</li> </ul>	_____ Initial						
4. <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Subject Area or Field</td> <td style="width: 15%; border-bottom: 1px solid black; text-align: center;">Type Code</td> <td style="width: 35%; border-bottom: 1px solid black; text-align: center;">Area Code</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Subject Area or Field</td> <td style="border-bottom: 1px solid black; text-align: center;">Type Code</td> <td style="border-bottom: 1px solid black; text-align: center;">Area Code</td> </tr> </table> <p style="margin-top: 20px;">Date of initial conferred Bachelor's Degree _____</p>	Subject Area or Field	Type Code	Area Code	Subject Area or Field	Type Code	Area Code	
Subject Area or Field	Type Code	Area Code					
Subject Area or Field	Type Code	Area Code					

Applicant Name \_\_\_\_\_

SSN: \_\_\_\_\_

5.

To the best of my knowledge and belief, the candidate is known and regarded by the preparing institution as a person of good moral character and possesses those personal qualities and professional knowledge and skill which warrant issuance of the requested certificate. (If the certification officer possesses information which prevents verification of the good moral character of the candidate, a statement of explanation must be attached to the 338 C form)

\_\_\_\_\_  
Initial

**SECTION III-CERTIFICATION OFFICIAL INFORMATION**

\_\_\_\_\_  
Name of College or University

\_\_\_\_\_  
College Code Number

\_\_\_\_\_  
Name of Certifying Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Date

**SECTION IV-OFFICIAL TEST SCORES**

Attach the test score label(s) in the space provided:

## INSTRUCTIONS FOR COLLEGE/UNIVERSITY VERIFICATION FORM PDE 338 C

### SECTION I: Applicant Information

1. Print or type your Last Name, First Name, Middle Initial, and enter your Social Security Number.
2. Send this form to your college/university certification office.

### SECTION II: Preparing college/University Recommendation

1. If the candidate has achieved at least a satisfactory rating on the final PDE 430, confirm by printing your initials in the box.
2. Check the box indicating what type of program the candidate has completed and enter the date of program completion, if applicable. Confirm by printing your initials in the box provided. If the candidate has completed the program in full, but the institution is not recommending the candidate for PA certification, a letter of explanation must be enclosed.
3. Check the appropriate box to indicate the GPA-assessment method the candidate has met in order to be recommended. If the Qualifying Score-GPA method was utilized for recommendation purposes, indicate the candidate's overall GPA as listed on the institution's official transcripts.
4. Print the certification Subject Area(s) or Field(s) and Code numbers you are recommending.

**NOTE:** If a college/university is recommending **more than one area** of certification:

- (a) When the student completes Form PDE 338 G, item 9, he/she should enter **only one** Subject Area and Area Code. Any area being sought may be selected.
- (b) On the PDE 338 C form, the college/university must list **ALL** the Subject Areas and Codes for which the student is being recommended.

Print the date of the initial conferred Bachelor's degree.

5. Please initial the box provided to indicate that the institution is currently unaware of any information that the educator does not possess good moral character. If the institution is aware of information which prevents attestation of the good moral character of the candidate, a letter of explanation must be included with the PDE 338 C form.

### SECTION III: Certifying Official Information

1. Enter the Name of College/University, College Code Number and your Name and Title.
2. Sign and date the application.

### SECTION IV: Official Test Scores

Apply the appropriate test score label(s) (with the passing scores) in the space provided.

Send the PDE 338 C form, PDE 338 G form, and fee to the Pennsylvania Department of Education.