



# SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

## Request for Change/Action Form

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

- 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.

### *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 (requires legal documentation of name change)
2. Official transcripts/certificates from \_\_\_\_\_ have been:      Ordered      Submitted
3. Advance class level to:      BA+18      MA      MA+30 | Concentration Area: \_\_\_\_\_      Doctorate
4. Add the field/endorsement of \_\_\_\_\_ based on completion of:  
Educator Preparation Program      Coursework      Assessment
5. Renew my Professional certificate (full-time SC public school employees must contact their district for renewal processing)  
Remove National Board status and apply for Professional certificate renewal under current requirements
6. Pre-approve the attached course/program from \_\_\_\_\_ for the purpose of:  
Class advancement      Renewal      Initial certification      Adding the field/endorsement \_\_\_\_\_
7. Evaluate my Initial certificate for advancement to the:      Professional certificate      Limited Professional certificate
8. Apply for the Retired Educator certificate for substitute teaching; a PEBA retirement letter is attached
9. Evaluate for Read to Succeed (R2S) endorsement requirements
10. Add a one-year extension to my professional certificate for the 20\_\_\_\_ / 20\_\_\_\_ school year
11. Other: \_\_\_\_\_

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.

**Unsigned requests are not accepted.** 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:** \_\_\_\_\_