



Request for Change/Action Form

SCDE 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 submit this form along with supporting documentation by mail, fax, or email. **You must include your Educator ID (EID)**, available through the educator portal at cert.ed.sc.gov.
- The SCDE does not send correspondence for some types of requests. Actions and changes to your certification record may be confirmed through the educator portal. Educators have the option of printing or ordering copies of a current, valid certificate through the educator portal.

Please print clearly or type the following information:

Last Four Digits of SSN: _____ EID (required): _____ Date of Birth: _____
 Last Name: _____ First Name: _____ MI: ____ Former Name: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Email: _____ Phone: (____) _____ Work Phone: (____) _____

Please indicate all actions requested:

1. Update name based on legal documentation (Note: Contact information must be changed through the educator portal.)
2. Advance class level to: BA+18 MA MA+30 | Concentration: _____ Doctorate
3. Evaluate for adding the certification field or endorsement of _____
 based on: Program Coursework Exam License/Certificate
4. Renew my Professional certificate (SC public school employees must contact their district for renewal processing.)
5. Pre-approve for: Class advancement Renewal Initial certification Adding Field of _____
6. Advance my Initial certificate to the: Professional certificate Limited Professional certificate
7. Evaluate for the Read to Succeed (R2S) Literacy Teacher endorsement (four courses required)
8. Evaluate for the Read to Succeed (R2S) Literacy Requirement endorsement (Content Area Reading and Writing course)
9. Add an extension to my Professional certificate for the 20____ / 20____ school year
10. Other: _____

Required: Indicate the source of all documents submitted or on file that apply to your request.

Official Transcript(s): _____ Course/Program Description: _____
 License/Certificate(s): _____ 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.

The SCDE does not accept unsigned requests. 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:** _____