



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:** _____