

Maryland State Department of Education

Division of Certification and Accreditation



200 West Baltimore St.
 Baltimore, Maryland 21201
 Phone: 410.767.0412
 Fax: 410.333.8963

Initial Application for Certification

Print or type information.

Educator Profile

FIRST NAME	LAST NAME	MIDDLE INITIAL
MAIDEN NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS	CITY	STATE ZIP CODE
EMAIL	HOME PHONE	MOBILE PHONE

ETHNICITY: Circle appropriate codes.

1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black (Not Hispanic) 4. White (Not Hispanic) 5. Hispanic

GENDER: Circle appropriate codes.

1. Male 2. Female

Education History

Place a check next to the institution where you received your initial teacher preparation.

INSTITUTION	DEGREE	CONFERRED ON	MAJOR/MINOR	GPA
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Supervised Student Teaching and/or Practicum*

NAME OF EMPLOYING SYSTEM	LOCATION OF SCHOOL CITY, STATE, ZIP	GRADE(S) / SUBJECT TAUGHT	PERIOD OF EXPERIENCE	
			FROM (MO./YR.)	TO (MO./YR.)

Out of State Certificates* Attach photocopies of all out-of-state certificates.

CERTIFICATE TYPE	STATE	VALID DATES		AREAS CERTIFIED TO TEACH
		FROM	TO	

Employment History* List in reverse chronological order.

EMPLOYER	POSITION	DATES OF EMPLOYMENT		LOCATION OF SCHOOL	SUBJECTS AND GRADES TAUGHT
		FROM	TO		

* If additional space is needed, please use page 4 or attach supplemental sheets.

Suspension/ Revocation

	YES IF YES, INDICATE NAME OF STATE AND DATE.	NO
Is action pending or has action been initiated to suspend or revoke your certificate or license in another state?		
Have you had a certificate or license revoked, suspended, or voluntarily surrendered?		
Have you ever resigned or been dismissed after notice of allegations of misconduct involving a student?		
Have you ever been convicted of, pleaded guilty or nolo contendere with respect to, or received probation before judgement with respect to a crime against children or a crime of violence?		
Have you ever had a criminal history background check completed?		
Please provide an attached explanation if you identified a state and date for any of the questions above.		

Affirmation Statement

Educator Testing

All candidates applying for an initial educator certificate are required to present qualifying scores on the appropriate certification tests, where applicable. Photocopies are acceptable.

Educator Transcript

Official transcripts of all college credits (original transcript in unopened mailer or student copy in unopened mailer) must be submitted in order to process this application.

Fee Payment

A certification fee is required on initial applications for certification. You will receive a notification to submit your fee payment when MSDE has confirmed your eligibility.

Affirmation Statement

I hereby affirm under the penalties of perjury that the information given by me in this application is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification of a material fact, my application will be disapproved and /or my certificate will be rescinded.

I agree with the above affirmation statement and agree to abide by the consequences delineated above.

_____ INITIAL HERE

Privacy Notice

The principal purpose served by gathering the requested information is to provide necessary data and background records for the Superintendent of Schools as required by state law and regulation.

The consequence of refusal to provide the requested information is non-issuance of a Maryland Certificate.

You have the statutory right to inspect, amend, or correct the requested information under State Government Article §§10-611-10-629, Annotated Code of Maryland.

The requested information is not generally available for public inspection, unless specifically authorized by law.

The requested information is not routinely shared with other governmental agencies, however, by accepting this notice of privacy, I understand that local school systems will be able to review education records pertaining to my certification.

I hereby affirm, under the penalties of perjury, that the information given by me in this application is true, and complete, to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification of a material fact, my application will be disapproved and/or my certificate will be rescinded.

Date: _____

Signature: _____

If you need additional space to provide answers to questions from previous sections, please use the space provided below or attach supplemental sheets.
