APPLICATION FOR S.D.A. TEACHER CERTIFICATION

Lake Union Conference Office of Education, P.O. Box 287, Berrien Springs, Michigan 49103

Procedure: New applicants- This application and official transcripts from each college/university you have attended must be submitted to the Lake Union Office of Education before your request for a Seventh-day Adventist (North American Division) teaching certificate can be considered. If you are a recent graduate of an approved teacher preparation program in a Seventh-day Adventist college/university in the United States, you should ask that school to send a Verification of Eligibility form to the Lake Union Conference Office of Education as soon as possible.

If you are transferring from another union and all of your transcripts are on file in that office you do not need to request new copies. Your complete certification folder will be transferred from the other union.

ast Name First Name		Middle Name	Maiden Nan	Maiden Name		Church Affiliation
urrent Address: Street		City Sta		State	Zip	Phone Number
Permanent Address: Street		City		State	Zip	Phone Number
Currently Teaching: Un	ion School	Name	City	State	e	Grades
Planning to teach next y	/ear:					
Number of years of teach	.h.i	School Name		City	State	Grades
YesNoBasicStandard		ck the type of certifi Professional Administrator		Conditional Designated Subje	ct	
Endorsements	Elemen	taryJunior A	Academy	_Secondary		
Date certificat	e was issued	Is	ssued by which unic	n conference		
Subject area e	dI desired:I endorsements (pleamy first Seventh-cand graduate work		ConditioJunior Academy n American Division form if additional sp	Secondar Secondar 1) teaching certific	cate. If applying for ren	ewal, list only work
separate form (PAC) av	vailable from the l	ocal conference or t	he LUC web site at	www.luc.adventis	t.org/education	<u> </u>
Name of So	chool	Dates Attended	Degree Earned	Hours Taken	Major(s)	Minor(s)
I am an active mem	ber of the Sever	nth-day Adventist	Church and I h	ereby affirm th	at I intend to si	ubscribe to and
teach within the fra		•		•		
Education Code.						
Applicant's signature _		em	nail address			Date