



## CERTIFICATION APPLICATION

☐ Initial Certification **\$40.00**

Current Certificate Expires \_\_\_\_\_

☐ Renewal/Upgrade Fee **\$30.00**

☐ Late Renewal (If Expired Cert) **\$50.00**

<b>DO NOT WRITE HERE</b> <b>For Official Use</b> Date Rec'd: _____ Fee Rec'd: _____ Ck. # _____ Transcript Rec'd: _____ Certificate: _____ _____ Title: _____ Endorsement: _____ _____ Expiration: _____
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- Instructions:** (1) Answer all appropriate questions  
(2) Attach check payable to PECS  
(3) **Mail completed form and check to PECS •615 St. Andrews Road • Columbia, SC 29210**

Name (include maiden): ☐ Mr. ☐ Mrs. ☐ Miss ☐ Rev. ☐ Dr. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Certificate Requested:** ☐ Provisional ☐ Professional ☐ Advanced Professional

**Title(s) Requested:** ☐ Early Childhood Teacher ☐ Elementary Teacher ☐ Secondary Teacher ☐ Specialist  
☐ All Level ☐ Special Education Teacher ☐ Administrator

**Endorsement(s) Requested:** ☐ Early Childhood Ed. ☐ Elementary Ed. ☐ Educational Administration ☐ Special Ed.  
☐ Secondary Subject(s) \_\_\_\_\_  
☐ Specialized Field(s) \_\_\_\_\_

### Initial Certification: Please complete this section

#### EDUCATION (Please have official transcripts sent to the PECS office.)

College	City and State	Dates	Degree	Major/Minor

#### EXPERIENCE (List most recent first)

Name of School	Address	Dates	Position

### Renewal/Upgrade Certification:

- If you have completed SCACS 9-week in-house supervision for upgrade, please enclose the completed Supervised Teacher Verification form.
- Using the Teacher Contact Hour Training Log, please list all contact hours, semester hours or degrees completed since current SCACS certificate was issued. Submit all documentation/transcripts to verify training and/or coursework.

(please complete the reverse side)

\_\_\_\_ Years Christian school experience      \_\_\_\_ Years other school experience      \_\_\_\_ Total years school experience

I certify that the information on this application is accurate and that I subscribe without reservation to the SCACS Statement of Faith printed below.

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Applicant's Signature

Date

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### **APPROVAL OF APPLICANT**

Verification of employment and recommendation must be certified by a pastor, administrator, or board member.

Name of School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

I certify that the applicant is employed by our school and is recommended by me as being qualified for the certificate requested above.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### **South Carolina Association of Christian Schools Statement of Faith**

(1) We believe that the Bible alone, in its autographs, is the verbal, plenary inspired, and only infallible, authoritative Word of God, and that it is the only fit, final rule in all matters of both faith and practice. (2) We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (3) We believe in the deity of our Lord Jesus Christ, His virgin birth and His sinless life, His miracles, His vicarious atonement through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory. (4) We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life. We believe that He indwells believers at conversion and that neither His indwelling nor His filling the believer is evidenced by any so-called sign or gift. (5) We believe that for the salvation of lost and sinful men, regeneration by the Holy Spirit is absolutely essential. (6) We believe in the resurrection of life for true believers and that they who are lost will be raised unto the resurrection of damnation. We believe in the resurrection of all men, both saved and lost. (7) We believe in the spiritual unity of believers in our Lord Jesus Christ.



# REQUEST FOR OFFICIAL TRANSCRIPT OF RECORD

Send a request to each college attended.

Name (include maiden): ☐ Mr. ☐ Mrs. ☐ Miss ☐ Rev. ☐ Dr. \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Currently Enrolled? ☐ Yes ☐ No

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fee

## SEND OFFICIAL TRANSCRIPT TO:

**Professional Employee Certification Service  
615 St. Andrews Road  
Columbia, SC 29210**