APPLICATION FOR CERTIFICATION

Pacific Union Conference Office of Education P. O. Box 5005 Westlake Village CA 91359 Telephone: 805-413-7314

FAX: 805-413-7319

Procedure: This application must be submitted to the Pacific Union Conference Office of Education. Your certificate will be issued by the Pacific Union Conference Office of Education in harmony with the requirements set forth in the current Certification Requirements, K-12 for North American Division of Seventh-day Adventists.

I hereby make	application for the	e following certifi	cate.		
	Basic Standard Professi		Administrator Designated Subjects/Services Conditional		
Endorsement(s	s) desired:				
Name					
	First	M	fiddle	Maiden	Last
Birth Date		Address			
Мо	Day Yr		Street	City	State Zip
College Degree	Major	Minor	Nam	e of College/University	Completion Date Mo Day Yr
<u> </u>					
What denoming Date is If now teaching Where do you l My signature of certify that it is	sued:g, at what school:_ hold Seventh-day on this application my intention to si	Adventist church blank will indicat	ow hold or have by which Union: membership: te that I am an act ach within the fra	Public neld? ive member of the Seventh-day mework and philosophy of the Conference Education Code.	y Adventist Church and
Signatu	ire				
Date					
[last 4	Security Number digits] OR Ceacher ID #				