

## APPLICATION FOR CERTIFICATION

**Pacific Union Conference**  
**Office of Education**  
**P. O. Box 5005**  
**Westlake Village CA 91359**  
**Telephone: 805-413-7314**  
**Fax: 805-497-3828**

Email: [cherith.mundy@adventistfaith.com](mailto:cherith.mundy@adventistfaith.com)

**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 following certificate.

<input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Professional	<input type="checkbox"/> Administrator <input type="checkbox"/> Designated Subjects/Services <input type="checkbox"/> Conditional
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Endorsement(s) desired: \_\_\_\_\_

Name \_\_\_\_\_  

First
Middle
Maiden
Last

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address \_\_\_\_\_  

Mo
Day
Yr
Street
City
State
Zip

College Degree	Major	Minor	Name of College/University	Completion Date Mo Day Yr

Number of years of teaching experience: Denominational \_\_\_\_\_ Public \_\_\_\_\_  
 What denominational teaching certificate do you now hold or have held? \_\_\_\_\_  
 Date issued: \_\_\_\_\_ By which Union: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_  
 Where do you hold Seventh-day Adventist church membership: \_\_\_\_\_

My signature on this application blank will indicate that I am an active member of the Seventh-day Adventist Church and certify that it is my intention to subscribe to and teach within the framework and philosophy of the Seventh-day Adventist Church as outlined in the *Employment Policies* of the Pacific Union Conference *Education Code*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NAD Teacher ID# if known \_\_\_\_\_