

# GENERAL APPLICATION FOR PENNSYLVANIA CERTIFICATE FORM PDE 338 G

(Refer to instructions included with this two page form)

PDE USE ONLY

CONTROL NO.

APPLICANTS: Please note the following information in regard to your Social Security Number (SSN)  
 DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)  
 AUTHORITY: 24 P.S. Section 1224.  
 PURPOSE(S): To be used for (1) registration and maintenance of records of all certificated persons as having met qualifications for teaching, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification, and (3) provision of certification data to authorized personnel and agencies.  
 DISCLOSURE: Mandatory. Failure to disclose will prevent further processing of the application.

## SECTION I – PERSONAL INFORMATION (please print or type)

1. Last Name	First Name	Middle Initial	2. Social Security Number
3. Address			4. Date of Birth (mm/dd/yyyy)
City/State/Zip Code			5. <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Telephone Home/Cell (     )		Work Phone (     )	7. E-Mail Address
8. Please list all former name(s) beginning with the most recent			9. Are you a United States Citizen?
_____ _____ _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> <span>MI</span> </div>			<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION II-CERTIFICATION INFORMATION

1. Date Initial Bachelor's Degree conferred (Do not list Masters or Doctorate level degree-only Baccalaureate degree)		
Month/Year	Degree	College/University
2. Subject Area and 4-digit Code of the certification area for which you are applying (enter the area of concentration or endorsement, if applicable):		
Subject Area	4-digit Code	Concentration(s) / Endorsement

## SECTION III-HEALTH CERTIFICATE

**The Health Certificate section must be completed by a United States licensed physician, physician's assistant or nurse practitioner**

I certify that I am a physician, physician's assistant or nurse practitioner (**circle one**) licensed/certified as such in a state of the United States or its capital; that I have examined the applicant and find that the applicant is not disqualified by reason of a mental or physical disability or a communicable disease from the successful performance of the essential functions of a teacher with or without a reasonable accommodation.

Signature of Examiner	Title	Date
State in which licensed	State License No.	Daytime Phone Number (     )

PDE 338 G (Revised 12/10)

Applicant Social Security Number: \_\_\_\_\_

### SECTION IV-BACKGROUND

Read and answer each question *carefully*...ensure that you have selected the appropriate check box. Incorrectly checking a box may significantly delay the processing of your application. Please refer to the instruction sheet for further information.

1. Have you ever been the subject of a child abuse investigation or report in this or any other state, territory or country? (If yes, read the instructions for this question first, then indicate whether the investigation or report is pending, unfounded, indicated or founded by checking the appropriate box)	Yes: <input type="checkbox"/> Pending <input type="checkbox"/> Unfounded <input type="checkbox"/> Indicated <input type="checkbox"/> Founded <input type="checkbox"/> No
2. Are you currently the subject of any misconduct investigation by an employer? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending, or under investigation? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there disciplinary action pending by a licensing agency in this or any other state, territory or country? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had any certificate or license for any profession denied, revoked, suspended, surrendered, or received a public reprimand in this or any other state, territory or country? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted of a crime classified as a misdemeanor or felony in this state or any other state, territory or country? (If yes, refer to instructions.) <i>(For purposes of this question, convicted includes pleas of nolo contendere and guilty pleas. However, summary offenses do not need to be acknowledged.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are criminal charges pending against you, or are you the subject of an inquiry or investigation by a law enforcement agency in this or any other state, territory or country? (If yes, refer to instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION V-CODE OF CONDUCT

The Pennsylvania Code of Professional Practice and Conduct for Educators, which may be found on the PDE website, sets forth the standards for professional practice for Pennsylvania professional educators. All professional educators are expected to conduct themselves in accordance with the code. Failure to do so may result in professional discipline. Indicate that you have read the code by checking the box below.

I certify that I have read and will abide by the Code of Professional Practice and Conduct for Educators.

### SECTION VI-AFFIDAVIT

*I certify that the information provided in this application, including all statements, transcripts and documentation, are correct and true. I understand that the falsification of any statement or document may result in professional discipline, including revocation of my Pennsylvania certificate.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR GENERAL APPLICATION - FORM PDE 338 G**  
**PRINT WITH DARK BLUE OR BLACK INK**

**SECTION I: Personal Information**

1. Print your Last Name, First Name, and Middle Initial
2. Print your Social Security Number
3. Print your complete Address and Zip Code
4. Print your Date of Birth
5. Check the appropriate box for male, or female
6. Print your telephone numbers in the event you must be contacted
7. Print your current e-mail address
8. Print your former names, if applicable
9. Please state your citizenship status by checking the “yes” or “no” box. If you are not a U.S citizen, you must enclose the following documents with your application:
  - A copy of the front and back of your permanent resident visa, which permits you to permanently reside and work in the United States.
  - A, *Declaration of Intent to Become a Citizen of the United States* form. This form is included in the Foreign Supplement Package available from the PDE website at: [www.education.state.pa.us](http://www.education.state.pa.us). This does not apply to Foreign Language teachers.
  - If you have become a citizen since submitting your last application, you must return your original Alien Provisional Certificate as well as a copy of your U.S. Naturalization Paper for conversion.

**If the documentation noted above is not submitted with the PDE 338 G form, the application will be returned to you.**

**SECTION II: Certification Information**

1. Enter the Month/Year, name of degree, and college from which you received your initial bachelor’s degree. Do not list information regarding Masters or Doctorate degrees.
2. List the Subject Area for which you are applying and specify the Code. Select a Subject Area and Code from the Subject Areas and Codes list.
3. If applicable, enter the area of concentration (mid-level certificates) or the endorsement (example: ESL)

**SECTION III: Health Certificate**

A U.S. licensed physician, physician’s assistant or nurse practitioner must sign the Health Certificate section of this application. The Health Certificate section is not required if the applicant holds, or has held, a PA certificate including Emergency Permits or Temporary Teaching Permits.

**SECTION IV: Background**

**Please note: Incorrectly answering the questions in this section may significantly delay the processing of your application.**

1. If you have answered “pending,” “unfounded,” “founded” or “indicated” you must provide a current, original Child Abuse Clearance from the state, territory or country in which the investigation or report occurred, and a signed letter of explanation with your application. If you have never been the subject of a child abuse investigation or report, select the “no” box.
2. If you have answered “yes” a signed letter of explanation, as well as any public documentation pertaining to the disciplinary action must be submitted with this application.
3. If you have answered “yes” a signed letter of explanation, as well as any documentation pertaining to the disciplinary action, termination, investigation, or resignation, must be submitted with this application.

4. If you have answered “yes” a signed letter of explanation, as well as any public documentation pertaining to the disciplinary action must be submitted with this application.
5. If you have answered “yes” you will not be automatically prevented from obtaining a PA certificate. A certification denial based on insufficient credentials (such as lack of coursework or test scores) does *not* need to be acknowledged. Any documentation pertaining to the denial, revocation, suspension, surrender, or reprimand must be submitted with this application.
6. If you have answered “yes” please include the following in your application (A YES answer does not automatically prevent an applicant from obtaining a PA certificate):
  - a signed letter of explanation;
  - your resume;
  - certified court documents related to all criminal matters;
  - a current, original FBI Clearance or registration identification number;
  - a current, original PA Criminal Background Check;
  - a current, original PA Child Abuse Clearance;
  - a letter from your probation officer, if applicable; and
  - five letters of reference from individuals who have direct knowledge related to the conduct that led to the charges or conviction. If you are currently employed by a school district, letters of reference from the employer or supervisor are recommended.
7. If you have answered “yes” please attach the additional documentation as listed above.

#### SECTION V: Code of Conduct

The Pennsylvania’s Code of Professional Practice and Conduct for Educators may be found at [http://www.portal.state.pa.us/portal/server.pt/community/guidelines%2C\\_policies%2C\\_complaint\\_forms%2C\\_reports\\_and\\_related\\_documents/8850/code\\_of\\_conduct/529193](http://www.portal.state.pa.us/portal/server.pt/community/guidelines%2C_policies%2C_complaint_forms%2C_reports_and_related_documents/8850/code_of_conduct/529193). Review the code and check the box indicating that you have read and will abide by the Pennsylvania’s Code of Professional Practice and Conduct for Educators.

#### SECTION VI: Affidavit

**Complete the Affidavit section by Signing and dating the application.** Your signature certifies that all of the information provided in the application is correct and true. Misrepresentation/falsification may result in professional discipline and the revocation of your Pennsylvania certificate.

#### COMPLETING THE APPLICATION

The primary reason for delays in processing certification applications is missing or incomplete information on the 338 G form and/or missing documentation. **If there is missing or incomplete information, and/or missing documentation, your application will not be processed and will be returned to you. All signatures and corresponding dates must be within one year of application submission.**

Before mailing, review the application and ensure:

- The information entered on the 338 G form is complete and accurate (*ensure that you have enclosed both pages of the 338 G form*)
- A U.S. licensed physician, physician’s assistant or nurse practitioner has signed the form, if applicable
- All required documentation is enclosed
- The 338 G form has been signed and dated
- Enclose a U.S. Money Order for appropriate fee made payable to the Commonwealth of Pennsylvania with your application. The Bureau of School Leadership and Teacher Quality is unable to accept personal checks, cash, or credit cards. **The non-refundable fee will be retained by the Commonwealth whether or not the transaction results in the issuance of a certificate.**

Mail the General Application-Form PDE 338 G, U.S. money order, and supporting documents to:

Bureau of School Leadership and Teacher Quality  
 Pennsylvania Department of Education  
 333 Market Street, 12th Floor  
 Harrisburg, PA 17126-0333

Please Note: If you are pursuing certification directly through a Pennsylvania teacher preparation program, the application should be submitted to the college/university. Please bring your completed application packet to the college/ university—do not mail to PDE.

**SUBJECT AREA CODES**

Code		Instructional Areas		Code	Instructional Areas (con't.)
1200		AGRICULTURE K-12			<b>Special Education</b>
1405		ART K-12		9205	HEARING IMPAIRED K-12
1603		BUS/COMPUTER/INFO TECH K-12		9265	SPEECH & LANG IMPAIRED K-12
8825		CITIZENSHIP EDUCATION 7-12		9290	VISUALLY IMPAIRED K-12
3200		COMMUNICATION 7-12		9227	SPECIAL EDUCATION 7-12
2361		COOPERATIVE ED 7-12		9225	SPECIAL EDUCATION N-12*
2840		EARLY CHILDHOOD N-3 (discontinued 9/1/2013)		9226	SPECIAL EDUCATION PREK-8
2810		ELEMENTARY K-6 (discontinued 9/1/2013)			
3230		ENGLISH 7-12			<b>Program Specialist</b>
4820		ENVIRONMENTAL EDUCATION K-12		4499	English as a Second Language (ESL)
5600		FAMILY/CONSUMER SCI K-12			
3100	01	GRADES 4-8 MATHEMATICS			<b>Educational Specialist Areas</b>
3100	05	GRADES 4-8 SCIENCE		1830	DENTAL HYGIENIST K-12
3100	08	GRADES 4-8 SOCIAL STUDIES		1836	ELEMENTARY SCHOOL COUNSELOR K-6
3100	09	GRADES 4-8 ENGLISH LANGUAGE ARTS		1850	HOME AND SCHOOL VISITOR K-12
2825		GRADES PREK-4		1825	INSTRUCTIONAL TECHNOLOGY SPECIALIST K-12
4805		HEALTH & PHYSICAL ED K-12		1890	SCHOOL NURSE K-12
6420		LIBRARY SCIENCE K-12		1875	SCHOOL PSYCHOLOGIST K-12
1666		MARKETING/DISTR ED K-12		1837	SECONDARY SCHOOL COUNSELOR 7-12
6800		MATHEMATICS 7-12			
2850		MIDDLE LEVEL ENGLISH 7-9**			<b>Supervisory Areas</b>
2860		MIDDLE LEVEL MATHEMATICS 7-9**		1415	ART SUPERVISOR
2870		MIDDLE LEVEL CITIZENSHIP EDUCATION 7-9**		3215	COMMUNICATION (ENGLISH) SUPERVISOR
2880		MIDDLE LEVEL SCIENCE 7-9**		2615	COMPREHENSIVE VOCATIONAL ED SUPERVISOR
7205		MUSIC K-12		2515	COOPERATIVE EDUCATION SUPERVISOR
7650		READING SPECIALIST K-12		2915	CURRICULUM AND INSTRUCTION SUPERVISOR
5215		SAFETY ED/DRIVER ED 7-12		2827	EARLY CHILDHOOD SUPERVISOR
8865		SOCIAL SCIENCES 7-12		2815	ELEMENTARY EDUCATION SUPERVISOR
8875		SOCIAL STUDIES 7-12		4897	ENVIRONMENTAL EDUCATION SUPERVISOR
6075		TECHNOLOGY EDUCATION K-12		4415	FOREIGN LANGUAGES SUPERVISOR
2600		VOCATIONAL INSTRUCTIONAL		4815	HEALTH & PHYSICAL EDUCATION SUPERVISOR
				5915	INDUSTRIAL ARTS/TECHNOLOGY ED SUPERVISOR
		<b>Foreign Languages (All K-12)</b>		1829	INSTRUCTIONAL TECHNOLOGY SPEC SUPERVISOR
4005	ARABIC	4460	POLISH	6415	LIBRARY SCIENCE SUPERVISOR
4405	CHINESE	4470	PORTUGUESE	6815	MATHEMATICS SUPERVISOR
4410	FRENCH	4473	PUNJABI	7215	MUSIC SUPERVISOR
4420	GERMAN	4475	RUMANIAN	2930	PUPIL PERSONNEL SERVICES SUPERVISOR
4010	GREEK	4480	RUSSIAN	7615	READING SUPERVISOR
4020	HEBREW	4040	SANSKRIT	5227	SAFETY ED/DRIVER EDUCATION SUPERVISOR
4023	HINDI	4485	SLOVAK	1815	SCHOOL GUIDANCE SERVICES SUPERVISOR
4430	ITALIAN	4490	SPANISH	1891	SCHOOL HEALTH SERVICES SUPERVISOR
4440	JAPANESE	4486	SWAHLI	1877	SCHOOL PSYCHOLOGICAL SERVICES SUPERVISOR
4025	KOREAN	4487	TURKISH	1855	SCHOOL SOCIAL SERVICES SUPERVISOR
4030	LATIN	4493	UKRAINIAN	8415	SCIENCE SUPERVISOR
4450	LITHUANIAN	4494	URDU	8815	SOCIAL STUDIES SUPERVISOR
4453	PASHTO	4495	VIETNAMESE	9215	SPECIAL EDUCATION SUPERVISOR
4455	PERSIAN FARSI				
					<b>Administrative &amp; Letter of Eligibility Areas</b>
		<b>Science</b>		1115	PRINCIPAL K-12
8405	BIOLOGY 7-12			2300	VOCATIONAL ADMINISTRATIVE DIRECTOR
8420	CHEMISTRY 7-12			1150	DISTRICT SUPERINTENDENT
8440	EARTH AND SPACE SCIENCE 7-12			1160	INTERMEDIATE UNIT EXECUTIVE DIRECTOR
8450	GENERAL SCIENCE 7-12				
8470	PHYSICS 7-12				
					<b>Endorsements</b>
				1501	Instructional Coaching (available after 7/1/2011)
				1502	Autism Spectrum Disorders (available after 7/1/2011)
					* Effective from September 1, 2001 to August 31, 2013
					** Effective from September 1, 2003 to August 31, 2013