



CERTIFICATION APPLICATION

Initial Certification **\$40.00**

Current Certificate Expires _____

Renewal/Upgrade Fee **\$30.00**

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

DO NOT WRITE HERE
For Official Use

Date Rec'd: _____
 Fee Rec'd: _____
 Ck. # _____
 Transcript Rec'd: _____
 Certificate: _____

 Title: _____
 Endorsement: _____

 Expiration: _____

- 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.

Applicant's Signature

Date

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.