Pre-Service Certification Application Packet

Kathy A. Jones
Certification Official
University of West Georgia
Dean’s Office, College of Education
1601 Maple Street
Carrollton, GA 30118
Tel. 678-839-6109
Fax 678-839-6098
PRE-SERVICE CERTIFICATE APPLICATION INSTRUCTIONS

Georgia PSC Certification Application – Page 1

Complete ONLY Section #1.

Georgia PSC Certification Application – Page 2

Your packet will not include Page 2 of the Application as it is not required for the Pre-Service Certificate.

Georgia PSC Certification Application – Page 3

Complete entire page.

Georgia PSC Verification of Lawful Presence Forms

Follow instructions included on and with forms. If you need a notary to notarize your Verification of Lawful Presence Affidavit, Kaye Ferguson at the front desk of the Dean’s Office in the Education Center can assist you. She is available Monday-Friday, 8 a.m. until 12 p.m. and 1 p.m. until 5 p.m.

SUBMIT ALL COMPLETED FORMS (in person, via fax, via email, or via mail) TO:
Kathy Jones, Certification Official
Dean’s Office, Education Center
College of Education
University of West Georgia
1601 Maple Street
Carrollton, GA 30118
Tel. 678-839-6109; Fax 678-839-6098
kjones@westga.edu
1. Please use ALL CAPS to print your LEGAL NAME.

Title: 

First Name: 

Middle Name: 

Last Name: 

Social Security Number or GaPSC Certification ID: 

Date of Birth (MM/DD/YY): / / 

Mailing Address: 

City: 

State: 

Zip Code: 

Primary Telephone: 

Alternate Telephone: 

Email Address (required): 

2. Employment Status:

I am currently employed as:

☐ a paraprofessional* ☐ a substitute (go to Section 3) ☐ an educator ☐ none of these (go to Section 3)

*Paraprofessional certificates must be processed by an employing LUA using a separate application.

I am employed by a:

☐ GA public school ☐ GA private school ☐ GA charter school ☐ GA state agency/RESA/EPP ☐ none of these (go to Section 3)

I am employed by the following school/agency in Georgia:* 

*Please attach a completed Employer Assurance Form.

3. Transaction(s) Requested: Check all that apply.

☐ I am requesting a Pre-Service certificate.

I am requesting my first GA certificate based on:

☐ Certification in another state* ☐ Completion of an educator certification program‡ ☐ GA school system request

I already hold or have held a GA certificate and I would like to:

☐ Renew my certificate* ☐ Request a waiver‡ ☐ Add a Supplemental Induction field‡

☐ Upgrade my certificate level* ☐ Add a non-renewable certificate field‡ ☐ Convert to a different tier or Induction Pathway* (specify):

☐ Add a new renewable certificate field* ☐ Delete a certificate field‡

☐ Change my name to reflect a legal name change ☐ Add a Non-Renewable certificate to Renewable ☐ Request a notarized certificate copy for submission to another state’s certification office‡

☐ I am requesting the following unlisted transaction: 

* Fee applies if not employed. ‡Fee applies if the program was outside of GA & applicant is not employed. †Fee applies even if employed.

Certificate Fields Requested (if applicable):

4. Fee: If a standard $20 fee applies to your selected transaction(s), please choose one of the following options:

☐ I have enclosed my $20 cashier’s check or money order, made out to the State of Georgia. PERSONAL CHECKS ARE NOT ACCEPTED.

☐ I have paid my $20 fee online through my MyPSC account.

Please note: No more than $20 will be required for one application, even if multiple transactions are requested.
8. **Personal Affirmation:** The applicant should enter a truthful "Yes" or "No" response to each of the following questions. All questions must have a response in order for the application process to continue. "YES" responses automatically open an investigation and require an attached explanation along with any additional supporting documentation. **DO NOT include matters that the GaPSC has investigated or is currently investigating.**

Y N 1. Have you ever had an adverse action (i.e. warning, reprimand, suspension, revocation, denial, voluntary surrender, disbarment) taken against a professional certificate, license or permit issued by an agency OTHER THAN the Georgia Professional Standards Commission?

Y N 2. Are you currently the subject of an investigation involving a violation of a profession’s laws, rules, standards or Code of Ethics by an agency OTHER THAN the Georgia Professional Standards Commission?

Y N 3. Have you ever received a less than honorable discharge from any branch of the armed services? (If “yes”, provide a copy of form DD214.)

Y N 4. While under investigation, have you ever left an employment position (retired, resigned, been dismissed, terminated, non-renewed or otherwise)?

Y N 5. Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?

Y N 6. Are you the subject of a pending investigation involving a criminal act?

Y N 7. For any **felony** or any **crime involving moral turpitude**, have you ever:
   - Pled guilty;
   - Entered a plea of _nolo contendere_;
   - Been found guilty;
   - Pled guilty to a lesser offense;
   - Been granted first offender treatment without adjudication of guilt;
   - Participated in a pre-trial diversion program;
   - Been found not guilty by reason of insanity; or
   - Been placed under a court order whereby an adjudication or sentence was withheld?

Y N 8. Have you ever been convicted, or pled to a lesser offense for any sexual offense?

Y N 9. Have you been convicted of a drug offense (felony or misdemeanor)?

I affirm that all information is true and correct. By signing and submitting this application, I hereby give permission to the Georgia Professional Standards Commission (Commission) to obtain copies of any criminal or personnel reports relating to me which are held by any local, state or federal government agency or private entity. I authorize any such agency or entity to release those records to the Commission. This authorization is valid for 180 days from the date received by the Commission.

Signature: ____________________________________________ Date: ____________________________

**NOTE:** This application must be received by the GaPSC **within 90 days of the date of signature.**

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### Moral Turpitude

**Crimes involving moral turpitude:**
- Fraud or false pretenses in obtaining something of value
- Larceny or a misdemeanor theft by taking
- Larceny after trust
- Murder
- Soliciting for prostitutes
- Voluntary manslaughter
- Sale of narcotics or other illegal drugs
- Pattern of failure to file federal tax returns
- Criminal Issuance of a bad check
- Making a false report of a crime

**Crimes NOT involving moral turpitude:**
- Public drunkenness
- Driving under the influence
- Carrying a concealed weapon
- Unlawful sale of liquor
- Simple Battery and Simple Assault
- Misdemeanor criminal trespass
- Child abandonment
- Misdemeanor offense of escape
- Obstruction of a law enforcement officer (Misd.)
- Possession of less than one ounce of marijuana
Please use ALL CAPS to print your legal name in the spaces indicated.

Title               Last Name
☐ Mr.  ☐ Ms.  ☐ Dr.  
First Name       Middle Name
Social Security Number or GaPSC Certification ID  Date of Birth (MM/DD/YY)

You must submit the following with this form:

1. Notarized O.C.G.A. § 50-36-1(e)(2) Affidavit (page 3 of this form)
2. A copy of a secure and verifiable document (see below)

These documents may be mailed, faxed, or uploaded at http://mypsc.gapsc.org.
When faxing documents, please ensure that copies are legible.

Option 1:  If you are a U.S. citizen, you must submit a copy of any ONE of the following:

- An unexpired driver’s license issued by a U.S. state, D.C., or certain U.S. territories
- An unexpired United States passport or passport card
- An unexpired United States military identification card

Option 2:  If you are a legal permanent resident of the U.S., you must submit a copy of the following:

- An unexpired United States Permanent Resident Card (front and back)

Option 3:  If you are a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, you must submit a copy of ONE of the following:

- An unexpired work authorization card
- I-94 documentation reflecting the I-94 number and expiration date AND a valid foreign passport
- A valid Certificate of Eligibility reflecting your SEVIS number AND a valid foreign passport

For more information about required documents, please visit
INSTRUCTIONS FOR COMPLETING AFFIDAVIT
REQUIRED TO OBTAIN CERTIFICATION/LICENSURE

In order to obtain a Certificate/License from the Georgia Professional Standards Commission (GaPSC), Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that the applicant is lawfully present in the United States of America. This affidavit is a material part of your GaPSC certification/licensure application and must be completed truthfully. Your application may be denied or your certificate may be revoked by the GaPSC if it is determined that you have made a material misstatement of fact in connection with your application. Please follow the instructions listed below.

1. **Select a secure and verifiable document to verify your identity.** Review the list of documents on page 1 of this form. Depending on your citizenship/immigration status, different documents are acceptable. You must present the document(s) you have selected to the Notary Public.

2. **Print out the affidavit (page 3 of this form).** If the affidavit is not accompanying the GaPSC Application for Certification, please also print and complete page 1 of this form.

3. **Complete the affidavit, BUT DO NOT SIGN IT AT THIS TIME.**
   - Initial **ONLY ONE** of the options listed on the affidavit and described here:
     - **Option 1** is to be initialed by you if you are a United States citizen; or
     - **Option 2** is to be initialed by you if you are a legal permanent resident of the United States: you are not a U.S. citizen but you have a green card; or
     - **Option 3** is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident).
   - If you initialed **Option 2 or 3**, please provide the number (whether or not it is called an “alien number”) issued by the Department of Homeland Security or other federal immigration agency in the blank space following this statement: "My alien number issued by the Department of Homeland Security or other federal immigration agency is:"
   - Fill in the name of the secure and verifiable document (for example: Georgia driver’s license, U.S. passport, etc.) that you will be presenting to the Notary Public as proof of your identity.

4. **Find a Notary Public in your area.** Check the yellow pages, the internet or with a local business, such as a bank.

5. **Bring your affidavit and the identification document(s) you selected (from the list on page 1) to appear before the Notary Public.**

6. Show the Notary Public your secure and verifiable identification (from the list on page 1) and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.

7. Make certain that the Notary Public signs and dates the affidavit and lists when the notary commission expires.

8. Make a copy of the affidavit and the identification that you presented to the Notary Public for your own records.

9. Submit a copy of the signed and notarized affidavit to the GaPSC along with a copy of the secure and verifiable identification document and the GaPSC Verification of Lawful Presence form.
O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Georgia Educator Certificate/License, as referenced in O.C.G.A. § 50-36-1, from the Georgia Professional Standards Commission, the undersigned applicant verifies one of the following with respect to application for a public benefit:

1) _________ I am a United States citizen.

2) _________ I am a legal permanent resident of the United States.

3) _________ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

   My alien number issued by the Department of Homeland Security or other federal immigration agency is: ____________________.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: ____________________.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in ___________________ (city), __________________(state).

____________________________________
Signature of Applicant

____________________________________
Printed Name of Applicant

____________________________________
Subscribed and sworn before me on this the
___ day of ___________. 20___

____________________________________
Notary Public
My Commission Expires: