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ACCREDITING COUNCIL FOR INDEPENDENT CHRISTIAN SCHOOLS,  
COLLEGES AND UNIVERSITIES

## Teacher Certification Application

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Email: \_\_\_\_\_

Previous School: \_\_\_\_\_

### Application Type (Choose which best fits your need)

- **Initial (\$50)** - have never held a ACFICSCU certificate before
- **Renewal (\$50)** - hold an active ACFICSCU certificate and wish to renew it
- **Upgrade (\$50)** - hold a Temporary certificate and are ready to upgrade to a Professional certificate
- **Additional (\$50)** - hold an active ACFICSCU certificate and wish to add another certificate level or type
- **Extensions (\$10: 6 months; \$20: 1 year)** - may only be applied for if your certificate has NOT expired
- **Late (\$75)** - renewal within 1 year after expiration
- **Reinstatement (\$80)** - certificate has been expired for more than 1 year
- **Reprint (\$5 per certificate)** - request additional copies of your certificate

### Application Type

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Initial    | <input type="checkbox"/> Extension (6 months) |
| <input type="checkbox"/> Renewal    | <input type="checkbox"/> Extension (1 year)   |
| <input type="checkbox"/> Upgrade    | <input type="checkbox"/> Late                 |
| <input type="checkbox"/> Additional | <input type="checkbox"/> Reinstatement        |

*If you are not an employee at an ACFICSCU member school, an additional \$25 will apply if you are applying for Initial, Renewal, Upgrade, or Additional Certification. You may not apply for an Extension or Reinstatement if you are not an employee of a member school.*

**CERTIFICATE LEVEL**

**Application Level:**

- Teacher**
- Professional Services**
- Administrator**

**IMPORTANT**

In order for us to process your Teacher Certification Application, you must submit the following along with the corresponding fee:

1. Academic Degree (all if applicable)
2. Transcripts (all if applicable)
3. Professional Recommendations (Headmaster, Principal and or Assistant Principal)
4. Copies of Teacher evaluations

**DOCTRINAL STATEMENT:** By signing this document you are also in agreement with our Doctrinal Statement of Faith.

Please send this Application Form with applicable fees to:

ACCREDITING COUNCIL FOR INDEPENDENT  
CHRISTIAN SCHOOLS, COLLEGES AND UNIVERSITIES  
P.O.Box 521494 Miami Florida 33152 U.S.A.

If you need further information, please call our offices at 772-323-0351 or email us at:  
[administration@accreditingcouncil.com](mailto:administration@accreditingcouncil.com)

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>OFFICE USE ONLY:</b> Received by: _____ Date: _____
CHECK <input type="checkbox"/> Money Order <input type="checkbox"/> # _____ Amount _____ Date Mailed _____