



**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 7714
 Port St. Lucie, Florida 34985 - USA

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

Print Name

Signature

Date

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