GaPSC Certification Update Application  
To be used for all certification transactions except initial Georgia certification.

200 Piedmont Avenue SE, Suite 1712, Atlanta, GA 30334-9032  
Revised October 2020 - Please Use Black Ink or Type

This application may also be completed electronically through the Applications tab of your MyPSC account.

1. Please use ALL CAPS to print your LEGAL NAME.

<table>
<thead>
<tr>
<th>Title</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number or GaPSC Certification ID</th>
<th>Date of Birth (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Telephone</th>
<th>Alternate Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Email Address (required): 

Are you or your spouse an active U.S. military member?  Yes [ ]  No [ ]

Employment Status:  
I am currently employed as:  
☐ a paraprofessional  ☐ a substitute (go to Section 3)  ☐ an educator  ☐ none of these (go to Section 2)  
*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 2)

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

*Please attach a completed Employer Assurance Form.

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

☐ Renew my certificate*  ☐ Request a waiver‡  ☐ Convert to a different tier or Induction Pathway* (specify):

☐ Upgrade my certificate level*  ☐ Add a non-renewable certificate field‡  ☐ Convert a Non-Renewable certificate to Renewable

☐ Add a new renewable certificate field*  ☐ Delete a certificate field‡  ☐ Convert a Certificate of Eligibility (requires verification of employment)

☐ Change my name to reflect a legal name change  ☐ Request a notarized certificate copy for submission to another state’s certification office §

☐ Add a Supplemental Induction field‡  ☐ Request Retired Educator certificate‡  ☐ I am requesting the following unlisted transaction: ____________________________________________________________

* Fee applies if not employed.  ‡ Fee applies even if employed.  §Separate fee applies for this single transaction, even if employed.

Certificate Fields Requested (if applicable): ____________________________________________________________

3. Fee: If a standard $20 fee applies to your selected transaction(s), it must be paid online through your MyPSC account.

Please note: No more than $20 will be required for one application, even if multiple transactions are requested, unless you are requesting a notarized certificate copy. Issuance of a notarized certificate copy requires a $20 fee in addition to any fee owed for other transactions requested at the same time.
Applicant’s Name: ___________________________ SSN or Cert ID: ___________________________

Please Print Last, First, Middle

4. 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 additional supporting documentation. This additional documentation should be sent directly to the Ethics Division and should NOT be submitted via ExpressLane or MyPSC. **DO NOT include matters that the GaPSC has investigated or is currently investigating.** False statements made on this application will open an investigation and may result in a sanction, including revocation or denial of a certificate.

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)?

   Y N

I affirm that all information is true and correct. I hereby give permission to the Georgia Professional Standards Commission to obtain copies of any criminal and personnel records 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.

Signature: __________________________________________ Date: ____________________________

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

---

**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.)
- Most traffic offenses

Rev. 10.2020