Georgia Professional Standards Commission

Servicemembers Civil Relief Act (SCRA) Affidavit

By executing this affidavit under oath, as an applicant for a Georgia Educator Certificate/License from the Georgia Professional Standards Commission through the provisions afforded by the Servicemembers Civil Relief Act (SCRA), the undersigned applicant verifies the following:

a) I am the applicant described and identified in the application;

b) All statements made in the application are true and correct and complete;

c) I have read and understand the requirements to receive a license, and the scope of practice, of the State of the licensing authority;

d) I certify that I meet and shall comply with requirements described in (C); and

e) I am in good standing in all States in which I hold or have held a license.

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: