Office of Education
Atlantic Union Conference
APPLICATION FOR CERTIFICATION

Please complete this form and mail or email to address listed on page 2 of this form.

In order to complete the certification process, request official transcripts to be sent using one of the options on page 2. Your certificate will be issued by the Atlantic Union Conference Office of Education in accordance with North American Division Policy.

Certificate type(s) for which I am applying:

_____A. Basic _____C. Professional/Administrator _____E. Conditional

_____B. Standard _____D. Designated Subject Services

Endorsement(s) desired: _____ _____ _____

Print Legal Name: _____
First Middle Maiden Last

Address: _____

City:_____ State:_____ Zip:_____

Phone:_____ NAD Teacher ID #:_____ ☐Check if new address

Birthdate:_____ Email:_____

EDUCATION HISTORY:

COLLEGE / UNIVERSITY	DEGREE	MAJOR	MINOR	COMPLETION YEAR

CERTIFICATION INFORMATION:

Number of years of teaching experience: Denominational:_____ Public:_____

What denominational teaching certificate do you now hold?_____

Date Issued:_____ By Whom?_____

Last Union/Conference where you taught? _____

Note: We will request your file and transcripts be sent to us from former union. Please request official transcript for classes not sent to the former union registrar.

If now teaching: School:_____ Conference: _____

This application indicates that I am an active member of the Seventh-day Adventist Church and certify that it is my intention to subscribe to and teach within the framework and philosophy of the Seventh-day Adventist Church as outlined in the General Conference Working Policy and the employment policies of the Atlantic Union Conference Education Code.

Signature_____ Date _____

Mail form or official transcripts to:
Atlantic Union Conference
Office of Education/Certification
P.O. Box 1189
South Lancaster, MA 01561
(978-368-8333)

Email for official transcripts:

registrar@atlanticunion.org

Email questions to:
lcoke@atlanticunion.org