## DEPARTMENT OF EDUCATION

Certification Office P. O. Box DE Hagatna, GU 96932 Tel: (671) 475-0441

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## Request for Guam Professional Certification

Chak one:U.S. Citiz U.S. Pen	enI manent Resident	nitial	Evaluation	Renewal		
NAME:			DATE:			
NAME:Last	First	Middle				
Social Security #	Phone #:	(H)	(W)_			
	E-mail (	off island)				
CERTIFICATION SOUGH						
Elementary K-5	Early Childhood Pre-K-2					
Math 6-12	Home Economics 6-12		ool Librarian K			
Science 6-12	Social Studies 6-12	Gui	idance and Cour			
	Physical Education 6-12	Sch	ool Health Cou	•		
	Industrial Arts 6-12		amorro Languag	•		
TESOL/LOTE	Reading K-12		School Program Consultant			
Art 6-12	School Psychologist		ministration & S	-		
Vocational Instructor Spanish/Japanese 6-12			ecial Education l			
PROFESSIONAL INFOR	MATION: (Must have an ea	arned Bach	elor's degree.)			
Name of Institution:						
Degree (undergraduate):	·		Year:			
Major:						
Name of Institution:		والمنافذة				
Degree (graduate):			Year:			
Major:						
Are you presently employe	ed with DOE?Yes	No				
If yes, what school/grade a						
	/counseling/nursing experies	nce· (Please	e indicate )			
-	Elsewhere:		U.S. Registered	1 Nurse		
Guam	No. of yr	•	O.D. Rogistoro			
No. of yrs.	No. of yi	5.		No. o		
7/01						

Do you now hold a valid U.S. te	eaching certificate?	Yes	No	
If yes, from which State/	territory?	ji ita y	Expiration	date:
Туре:		Cert	ification No.	
ENGLISH PROFICIENCY EXA In accordance with Board certification with the Department teachers, speech therapists) will be	d Policy No. 1000. t of Education (exc	ept School He	alth Counselo	rs, Headstart
Prior to May 1, 1990, did you tal of English Proficiency (BESTE)	ke and successfully?Yes	complete the	entire Basic H	inglish Skills Tes
Have you taken and successfully Proficiency (GETEP)?Ye		ire Guam Educ	cators Test of	English
REQUIRED DOCUMENTS:	Official transcripts Copy of valid U. Guam R.N.licens cation of at least	S. teaching cer te for school he	tificate for ini ealth counselo	rs and verificat-
RENEWAL REQUIREMENTS  -Verification of satisfactory te certificate.  -Official transcript for History -Professional I renewals requi of professional related gradu Units or 6 semester hours of credits completed within val -Profession II renewals must certificate holders beginning -School Health Counselors in	y of Guam/Culture ire official transcrip uate or undergradu f professional deve lidity period of exp meet the same rer g January, 2001.	of Guam for tooks showing contact attempts of the logical attempts of the logi	first-time rene mpletion of 6 18 Continuing is (ED894) or e. ents as Profes	wal. semester hours Education combination
Have you ever had a U.S. teachi Have you taken History of Guan Are your official transcripts attac	n/Culture of Guan	-	YesYes YesYes	No No No
Note: A certification fee will be from \$5.00 for Emergence Fee payment must be rem	cy to \$25.00 for Pi	ofessional I to	\$35.00 for Pr	rofessional II.
Note #2: Graduates of foreign in	nstitutions must se		ignature	

Note #2: Graduates of foreign institutions must send transcript (s) off-island to approved foreign transcript evaluation agency. There will be an agency fee assessed for this service.