



Southern Union Office Education

Application for Renewal or Reinstatement of Certification

Complete this form and mail or email to address listed at the bottom of the form.

If you have completed any academic courses since your last renewal, please request an official transcript to be mailed or emailed to the transcript address at the bottom of the form.

Certificate type(s) for which I am renewing/reinstating:

- | | | |
|-----------------|------------------------------------|--------------------|
| ___ A. Basic | ___ C. Professional/Administrator | ___ E. Conditional |
| ___ B. Standard | ___ D. Designated Subjects/Service | ___ F. Unknown |

Print Legal Name: _____
First Middle Maiden Last

Address: _____

City: _____ ST. _____ Zip: _____

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

Birthdate: _____ Email: _____

CERTIFICATION INFORMATION:

What denominational teaching certificate do you now hold? _____

Date Issued: _____ Union Name: _____

If now teaching, at what 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 Southern Union Conference Education Code.

Signature: _____ Date: _____

Mail form and official transcripts
to: Office of Education/
Certification Southern Union
Conference
P.O. Box 923868
Peachtree Corners, GA 30010-3868
408-770-1800

Email form to:
Mjames@southernunion.com
Lbiggs@southernunion.com

Email for Official Transcripts:
Certification@southernunion.com