

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 Southern Union Conference Education Code.

Signature: _____

Date: _____

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

Email for official transcripts:
Certification@southernunion.com

Email questions to:
Bcalderon@southernunion.com
Lbiggs@southernunion.com