SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

Request for Change/Action

Division of School Effectiveness
Office of Educator Services
8301 Parklane Road
Columbia, SC 29223
http://ed.sc.gov | web
(803)896-0368 | fax
licensure@ed.sc.gov | email

- To initiate action, please complete and submit this form along with supporting documentation to above address. Not all requests will result in correspondence being sent. Please utilize the *Educator Licensure* section of our website (http://ed.sc.gov) to check the status of your request(s).
- Requests may be submitted by mail, fax, email, or hand-delivery to the contacts listed above. Transcripts must be official; opened or faxed transcripts will be marked "unofficial". Our office may be able to accept electronic transcripts from acceptable companies; please contact our office for more information.

Please print clearly or type the following information:

SSN: ☐☐☐-☐☐-☐☐☐☐ and/or License ID Number: ☐☐☐☐☐☐☐

Last Name: _____ First Name: _____ MI: ___ Former Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Home Phone: (____)_____ Work Phone: (____)_____

Employing School District (if applicable): _____

☐ Change my name and/or address as listed above. ☐ I am currently applying for/participating in alternative licensure.

Please indicate the nature of your request in the area below:

☐ 1. **Alternative Licensure:** Evaluate my file for the following licensure area(s)_____.

☐ 2. Evaluate my file for the license area _____ and add if applicable.

☐ 3. Evaluate and/or advance my license to the:

☐ Bachelor's +18 level ☐ Master's level ☐ Master's +30 level | Area: _____ ☐ Doctorate level.

☐ 4. Add a one–year extension to my professional license for the 20_____/20_____ school year.

☐ 5. Add additional years of experience. (*Utilize the Verification of Teaching Experience form.*)

☐ Apply experience from _____ for add-on purposes.

☐ 6. Renew my professional license. All required documentation ☐ has been submitted or ☐ is enclosed.

☐ 7. Send me an official copy of my current license. The $10.00 fee (*check or money order only*) is enclosed.

☐ 8. Approve the attached course/program from _____ for the purpose of _____.
(*Attach a detailed course/program description from the college or university.*)

☐ 9. Other: _____

_____

Signature: _____ **Date:** _____

Effective Date of Credential

If the State Department of Education (SCDE) receives the educator's request and all required documentation between

- May 1 and November 1: The change in status, if approved, will be effective July 1 of the same calendar year.
- November 2 and April 30: If the educator submitted the request within 45 days of fulfilling the requirements, the change in status, if approved, will be effective on the date that all requirements were satisfied.
- November 2 and April 30: If the educator submitted the request more than 45 days *after* fulfilling the requirements, the change in status, if approved, will be effective on the date that all information was received by the SDE.

Status of requests can be confirmed from the Educator Licensure website. An official copy of the educator license will be provided only when an educator qualifies for a South Carolina license for the first time. All subsequent changes, additions or modifications to a license may be confirmed and printed by the educator from the View Licensure Status page on our secure website at http://ed.sc.gov.