

GaPSC Pre-Service Certificate Application

Please Use Black Ink or Type – Revised February 2015

This form must be submitted by an educator preparation provider. Candidates should not submit this form directly to the GaPSC.



1. Please use ALL CAPS to print your LEGAL NAME.

Last Name

First Name

Middle Name

Social Security Number or Certification ID

Date of Birth (MM/DD/YY)

 / /

Telephone Number

 - -

Mailing Address

City

State

Zip Code

 -

2. Personal Affirmation: The applicant should enter a truthful "Yes" or "No" response to each of the following questions. All questions must have a response in order for the application process to continue. **"YES"** responses automatically open an investigation and require an attached explanation along with any additional supporting documentation. **DO NOT include matters that the GaPSC has investigated or is currently investigating.**

- 1. Have you ever had an adverse action (*i.e. warning, reprimand, suspension, revocation, denial, voluntary surrender, disbarment*) taken against a professional certificate, license or permit issued by an agency **OTHER THAN the Georgia Professional Standards Commission?**
- 2. Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency **OTHER THAN the Georgia Professional Standards Commission?**
- 3. Have you ever received a less than honorable discharge from any branch of the armed services? (*If "yes", provide a copy of form DD214.*)
- 4. While under investigation, have you ever left an employment position (*retired, resigned, been dismissed, terminated, non-renewed or otherwise*)?
- 5. Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- 6. Are you the subject of a pending investigation involving a criminal act?
- 7. For any **felony** or any **crime involving moral turpitude**, have you ever:
 - ◆ Pled guilty;
 - ◆ Been granted first offender treatment without adjudication of guilt;
 - ◆ Entered a plea of *nolo contendere*;
 - ◆ Been found not guilty by reason of insanity; or
 - ◆ Been found guilty;
 - ◆ Been placed under a court order whereby an adjudication or sentence was withheld?
 - ◆ Pled guilty to a lesser offense;
 - ◆ Participated in a pre-trial diversion program;
- 8. Have you ever been convicted, or pled to a lesser offense for any sexual offense?
- 9. Have you been convicted of a drug offense (felony or misdemeanor)?

I affirm that all information is true and correct.

Signature: _____

Date: _____

NOTE: This application must be received by the GaPSC **within 90 days of the date of signature.**

<u>Crimes involving moral turpitude:</u>	<u>Crimes NOT involving moral turpitude:</u>
<ul style="list-style-type: none"> Fraud or false pretenses in obtaining something of value Larceny or a misdemeanor theft by taking Larceny after trust Murder Soliciting for prostitutes Voluntary manslaughter Sale of narcotics or other illegal drugs Pattern of failure to file federal tax returns <u>Criminal Issuance</u> of a bad check Making a false report of a crime 	<ul style="list-style-type: none"> Public drunkenness Driving under the influence Carrying a concealed weapon Unlawful sale of liquor Simple Battery and Simple Assault Misdemeanor criminal trespass Child abandonment Misdemeanor offense of escape Obstruction of a law enforcement officer (Misd.)



Georgia Bureau of Investigation
Georgia Crime Information Center
Consent Form

I hereby authorize the **Georgia Professional Standards Commission** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

_____/_____/_____-____-_____
Sex Race Date of Birth Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180 (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

INSTRUCTIONS FOR COMPLETING VERIFICATION OF LAWFUL PRESENCE AFFIDAVIT

In order to obtain a certificate/license from the Georgia Professional Standards Commission (GaPSC), Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that the applicant is lawfully present in the United States of America. This affidavit is a material part of your GaPSC certification/licensure application and must be completed truthfully. Your application may be denied or your certificate may be revoked by the GaPSC if it is determined that you have made a material misstatement of fact in connection with your application. Please follow the instructions listed below.

You must submit the following with your Pre-Service Application and GCIC Consent Form:

1. Notarized Affidavit (**page 4 of this document**)
2. A copy of an acceptable ID (see below)

1. **Select the ONE option on the affidavit that applies to you:**

- **Option 1** is to be initialed/selected by you if you are a United States citizen; or
- **Option 2** is to be initialed/selected by you if you are a legal permanent resident of the United States: you are not a U.S. citizen but you have a green card; or
- **Option 3** is to be initialed/selected by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident).

If you selected **Option 2 or 3**, please provide the number (whether or not it is called an “alien number”) issued by the Department of Homeland Security or other federal immigration agency in the blank space following this statement: “My alien number issued by the Department of Homeland Security or other federal immigration agency is:”

2. **Select an acceptable ID based on your selection in Step 1.**

- Acceptable IDs for **Option 1 (U.S. citizen)** are:
 - An unexpired driver’s license issued by a U.S. state, D.C., or certain U.S. territories
 - An unexpired United States passport or passport card
 - An unexpired United States military identification card
 - Any document listed here:
<http://www.gapsc.com/certification/downloads/SecureVerifiableDocuments.pdf>
- The only acceptable ID for **Option 2 (legal permanent resident)** is a copy of the front and back of your unexpired United States Permanent Resident Card.
- Acceptable IDs for **Option 3 (qualified alien or non-immigrant)** are:
 - An unexpired work authorization card
 - I-94 documentation reflecting the I-94 number and expiration date AND a valid foreign passport
 - A valid Certificate of Eligibility reflecting your SEVIS number AND a valid foreign passport

Fill in the type of ID (e.g. Georgia driver’s license, U.S. passport, etc.) that you are using on the affidavit on the line after “The secure and verifiable document provided with this affidavit can best be classified as:”

3. **Print out the affidavit** (page 4 of this document).
4. **Find a local Notary Public.** Check the yellow pages, the internet, or with a local business such as a bank.
5. **Bring your affidavit and the ID** you selected (from the list in Step 2) to appear before the Notary Public.
6. **Show the Notary Public your ID and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.**
7. **Make certain that the Notary Public signs and dates the affidavit and lists when their notary commission expires.**
8. **Make a copy of the affidavit and the ID** that you presented to the Notary Public for your own records.
9. **Submit the following with your Pre-Service Application and GCIC Consent Form:**
 - A copy of the signed and notarized affidavit; and
 - A copy of the ID you presented to the Notary Public.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Georgia Educator Certificate/License**, as referenced in O.C.G.A. § 50-36-1, from the **Georgia Professional Standards Commission**, the undersigned applicant verifies one of the following with respect to application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires: