

**REQUEST FOR REMOVAL OF INACTIVE STATUS
FORM PDE 338 R-2**

(Refer to instructions included with this form)

PDE USE ONLY

CONTROL NO.

APPLICANTS: Please note the following information in regard to your Social Security Number (SSN)

DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)

AUTHORITY: 24 P.S. Section 1224.

PURPOSE(S): To be used for (1) registration and maintenance of records of all certificated persons as having met qualifications for teaching, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification and (3) provision of certification data to authorized personnel and agencies.

DISCLOSURE: Mandatory. Failure to disclose will prevent further processing of the application.

SECTION I – PERSONAL INFORMATION (please print or type)

1. Last Name	First Name	Middle Initial	2. Social Security Number
3. Address			4. Date of Birth (mm/dd/yyyy)
City/State/Zip Code			5. <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Telephone Home/Cell ()	Work ()		7. E-Mail Address

8. Please list all former name(s) beginning with the maiden name, if applicable

_____	_____	_____
Last	First	MI
_____	_____	_____
Last	First	MI

SECTION II-INACTIVE STATUS INFORMATION

To obtain removal of inactive certification status, the Department must have evidence of completion of thirty (30) hours of approved Continuing Professional Education (CPE) within the immediate preceding twelve (12) months. Documentation verifying the completion of the required thirty (30) hours must be included with this application.

Indicate whether you have completed 30 hours of approved CPE courses by checking the appropriate box. (If no, refer to instructions)

Yes, I have completed 30 hrs. of approved CPE courses No, I have not completed 30 hrs. of approved CPE courses

SECTION III-AFFIDAVIT

Applicant Statement:

I certify that the information provided in this application, including all statements, transcripts and documentation, are correct and true. I understand that the falsification of any statement or document may result in professional discipline, including revocation of my Pennsylvania certificate.

Signature of Applicant

Date

PDE USE ONLY:

Date approved: _____ Initials: _____

PDE 338 R-2 (Revised 07/10)

**INSTRUCTIONS FOR REQUEST FOR REMOVAL OF INACTIVE STATUS
FORM PDE 338 R-2
PRINT WITH DARK BLUE OR BLACK INK**

SECTION I: Personal Information

1. Enter your last name, first name and middle initial.
2. Enter your Social Security Number.
3. Enter your full address.
4. Enter your date of birth.
5. Check the appropriate box for “male” or “female.”
6. Enter your telephone number/s.
7. Enter your e-mail address.
8. List all former names, starting with your maiden name, if applicable. If you have legally changed your name since applying for your initial PA certificate, a PDE 338 D Form must be submitted with this application.

SECTION II: Inactive Status Information

1. Read the statement regarding Continuing Professional Education (CPE) courses. If you would like further information regarding “approved CPE courses,” visit the PDE website at: www.education.state.pa.us and select Access Services then Act 48 Reporting System.
2. Indicate whether you have completed 30 hours of approved (CPE) courses by checking either the “yes” or “no” box. **If you checked the “no” box, you are not eligible to reactivate your PA certificate.**

SECTION III: Affidavit

Complete the Affidavit section by Signing and Dating the application. Your signature certifies that all of the information provided in the application is correct and true. Misrepresentation/falsification may result in professional discipline and the revocation of your PA certificate. The application must be signed and dated within one year of submission to the Bureau of School Leadership and Teacher Quality.

COMPLETING THE APPLICATION

The primary reason for delays in processing certification applications is missing or incomplete information. **If there is missing or incomplete information, and/or missing documentation, your application will not be processed and will be returned to you.**

Before mailing, review the application and ensure:

- The information entered on the 338 R-2 form is complete and accurate.
- Include official transcripts/documentation from approved CPE providers verifying completion of 30 credit hours.
- Enclose a U.S. Money Order for \$75.00 made payable to the Commonwealth of Pennsylvania with your application. The Bureau of School Leadership and Teacher Quality is unable to accept personal checks, cash or credit cards. **The non-refundable fee will be retained by the Commonwealth whether or not the transaction results in the issuance of a certificate.**

Mail the Request for Removal of Inactive Status Form PDE 338 R-2, U.S. money order and supporting documentation in one envelope to:

Bureau of School Leadership and Teacher Quality
Pennsylvania Department of Education
333 Market Street, 3rd Floor
Harrisburg, PA 17126-0333