

**ACT 45 AND ACT 48
CONTINUING PROFESSIONAL EDUCATION
EXTENSION APPLICATION FORM PDE 338 R3**

Pennsylvania Department of Education, Bureau of School Leadership and Teacher
Quality, 333 Market Street, 3rd Floor
Harrisburg, PA 17126 ra-act48extension@state.pa.us

NAME OF APPLICANT: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

CERTIFICATE: _____

PA CERTIFICATE/ SOCIAL SECURITY NUMBER: _____

BIRTH DATE: _____

AREA CODE/DAYTIME TELEPHONE NUMBER: _____

- **PLEASE NOTE:** Extension requests will not be granted to any professional educator whose certificate is inactive.
- You will be notified by mail of the decision regarding the application.
- A certificate holder who obtains approval shall retain a copy of the extension to be presented to PDE upon request.
- This application **does not** exempt a certificate holder's requirement to pay any fees to maintain an active certificate.
- A certificate holder requesting an extension with no determinable ending date should voluntarily inactivate their certificate. To voluntarily inactivate your certificate, visit the following Web site:
<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=506875&mode=2> .
- Mail completed application and supporting documentation to the above address, attention Cindy Rice.

REASON FOR EXTENSION/EXEMPTION OF CONTINUING PROFESSIONAL EDUCATION REQUIREMENTS (select one):

- Exemption- Active Military Personnel** **Date Requested:** _____
- Reinstatement of Remaining Compliance Period** (Professional Educator who terminates annuity only)
- Extension of time to complete continuing education requirements.** **Time Requested:** _____

Check off application type

- Personal**
- Primary caregiver of an ill or disabled relative**
- Inability to obtain enrollment in the free continuing education programs offered by PDE through the PA Inspired Leadership Program (PIL) due to overenrollment or other unavailability**
- Other**

TYPE OF APPLICATION (complete the appropriate section) :

Medical Condition (Self): A certificate holder who has had medical reasons that prevented him/her from obtaining the required continuing professional education requirements during the compliance period may apply for an extension. This provides an extension of time to complete the continuing professional education requirements. The application requires the signature of a licensed health professional who can attest to a medical condition during the compliance period.

Beginning date: _____

Anticipated end date: _____

Have you obtained any continuing education within the current cycle? Yes ___ No ___

If yes, how many hours? _____

Describe how your medical condition prevented you from completing continuing professional education requirements during the current five-year compliance period.

Medical Condition (Relative) A certificate holder who was/is the primary caregiver of a relative with a medical condition or a physical or mental impairment during the educator's compliance period may apply for an extension. The application requires the signature of a licensed health professional who can attest that the relative requires a full-time primary caregiver.

Beginning date full-time care was required: _____

Approximate end date: _____

Have you obtained any continuing education within the current cycle? Yes___ No___

If yes, how many hours? _____

Describe how this situation prevented you from completing continuing professional education requirements during the current five-year compliance period:

Inability to obtain enrollment in the free continuing education programs offered by PDE through the PA Inspired Leadership Program (PIL) due to overenrollment or other unavailability.

This applies to school and system leaders covered under Act 45 of 2007. An extension is granted for the period of time the applicant is unable to enroll in the free continuing education programs offered by PDE through PIL.

Have you obtained any continuing education within the current cycle? Yes___ No___

If yes, how many hours? _____

Describe your attempts to enroll in the free continuing education programs offered by PDE through the PA Inspired Leadership Program (PIL). Describe contacts made and outcome of the registration process.

Other

Beginning date of extenuating circumstance: _____

Approximate end date of extenuating circumstance: _____

Have you obtained any continuing education within the current cycle? Yes___ No___

If yes, how many hours? _____

Describe how this situation prevented you from completing continuing professional education requirements during the current 5-year compliance period:

I certify that all information provided in this extension application and supporting documents are correct and true. I understand that falsification of any statement or document may result in professional discipline of my Pennsylvania certificate.

Signature of Certificate Holder: _____

Date of Application: _____

THIS SECTION MUST BE COMPLETED BY A LICENSED HEALTH PROFESSIONAL

Please check the application type and answer all applicable questions.

[] The applicant has a diagnosed medical condition.

Is the applicant currently working? [] Yes [] No

If yes, date(s) applicant was incapacitated: From: _____ To: _____

If no, anticipated date when applicant can return to work: _____

[] The applicant is the primary caregiver for a relative with a medical condition or a physical or mental impairment.

Verification that the applicant is the primary caregiver: [] Yes [] No

Print the name of the patient or client: _____

State the relationship to the applicant: _____

Is the applicant currently working? [] Yes [] No

If no, anticipated date when applicant can return to work: _____

Answer the questions below regarding the medical condition or physical or mental impairment of the applicant or relative:

Would the medical condition or mental or physical impairment interfere with the educator's ability to complete continuing professional education requirements? [] Yes [] No

If known, how long will the condition persist?

Name of Health Professional: _____

Signature of Health Professional: _____

Title of Health Professional: _____

Date: _____

FOR PDE USE ONLY

Approved [] Extension [] New date to complete Act 48: _____

Exemption for Military [] Number of hours waived: _____

Hours to be earned: _____

Reinstatement of remaining Compliance Period []

Disapproved [] Reason for denial:

PDE Reviewer: _____ Date: _____

Date letter sent to applicant: _____

Date entered into Act 48 database. _____

Name of person updating system: _____