

REQUEST FOR VOLUNTARY INACTIVE CERTIFICATION FORM PDE 338 R (Refer to instructions included with this form)	PDE USE ONLY CONTROL NO.
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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-AFFIDAVIT

I attest that I am not currently employed by a Pennsylvania public school entity as a professional or temporary professional employee. I understand that voluntary inactive status may be removed by application to this Bureau and evidence of the completion of thirty (30) hours of continuing professional education within the immediate preceding twelve (12) months.	_____ Initial
I also understand that upon the removal of inactive certification, a professional educator shall have the same number of hours of continuing professional education and the same amount of time in which to complete those hours as existed for the professional educator at the time inactive certification was granted.	_____ Initial
I affirm that the information provided in this application is correct and true. I understand that the falsification of any statement or document attached hereto may result in the revocation of my Pennsylvania certificate and may constitute a violation of Section 4903 of the Criminal Code related to the falsification of unsworn statements. 18 Pa. C.S. §4903.	_____ Initial

_____ Signature of Applicant	_____ Date
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PDE USE ONLY:
 Date approved: _____ Initials: _____

**INSTRUCTIONS FOR REQUEST FOR VOLUNTARY INACTIVE CERTIFICATION
FORM PDE 338 R
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: Affidavit

1. Indicate that you have carefully read each statement by entering your initials in the space provided.
2. **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 form is complete and accurate.
- 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 Voluntary Inactive Certification Form PDE 338 R and a U.S. money order to:

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

If you have any questions, please contact the Bureau at (717) 787-3356. You may check the status of your request on the PDE website at: www.education.state.pa.us. Click on “Access Services” then “Teacher Certification System.” An official approval letter will be sent to you after the Bureau approves your request. Retain the official letter in your records for future reference.