

**For a Commissioned Officer, submit the following information to the Future Ready Comprehensive Planning Portal (FRCPP) on the Administrator Changes page of the LEA's current School Reconfiguration Plan:**

- ☐ Completed PDE-5529 Application
- ☐ Evidence of a vacancy if the previous officer's term has not expired (submit signed affirmation statement)

For additional information, please visit the [Commissioned School Officer Basic Education Circular \(BEC\)](#).

### **Updating the Official School File via EdNAv2**

Administrator Changes submitted through the School Reconfiguration plan in FRCPP will be updated in EdNAv2 by PDE once approved. LEAs will not need to submit a Change Request in EdNAv2 for these items. If you need to update the address, phone number, email address or administrator(s) of a school, log into My PDE Suite to access Education Names and Addresses (EdNAv2) and submit a change request. The entry will show as "Submitted" until the information listed above is approved by PDE.

There is a how-to guide for submitting administrator changes in FRCPP located in the References section on the [Commissioned School Officer Basic Education Circular \(BEC\)](#).



**APPLICATION FOR COMMISSION  
EXECUTIVE DIRECTORS,  
SUPERINTENDENTS, AND ASSISTANTS**

☐ NEW

☐ RENEWAL

APPLICANT'S NAME (Dr., Mr., Mrs., Ms.)

APPLICANT'S DATE OF BIRTH

PPID NUMBER

APPLICANT'S WORK ADDRESS

APPLICANT'S WORK EMAIL ADDRESS

APPLICANT'S GENDER M/F

APPLICANT'S PHONE NUMBER &amp; EXT.

POINT OF CONTACT'S (POC) NAME (IF ADDITIONAL INFORMATION IS REQUIRED)

POC'S EMAIL ADDRESS

POC'S PHONE NUMBER AND EXT.

**CERTIFICATION OF ELECTION OF COMMISSIONED OFFICER**

The Board of Directors of \_\_\_\_\_, \_\_\_\_\_, met according to law  
INTERMEDIATE UNIT OR SCHOOL DISTRICT LEA AUN  
 and hereby certify that \_\_\_\_\_ was elected by a majority vote of \_\_\_\_YES and \_\_\_\_No  
NAME OF APPLICANT  
 whereas the yes votes held the majority vote of the Board of Directors as \_\_\_\_\_ for a  
EXECUTIVE DIRECTOR, SUPERINTENDENT OR ASSISTANT  
 term beginning on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and ending on the \_\_\_\_ day of  
 \_\_\_\_\_, 20\_\_\_\_, and that the evidence of eligibility was presented to the Board by the said  
 applicant. Attested to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE OF BOARD SECRETARY (REQUIRED)	SIGNATURE OF BOARD PRESIDENT (REQUIRED)
SIGNATURE OF SUPERINTENDENT OR EXECUTIVE DIRECTOR ( <b>ONLY REQUIRED FOR ASSISTANT APPLICATIONS</b> )	

**OATH OF OFFICE**

I do solemnly swear (or affirm) that I will support, obey, and defend the Constitution of the United States and the Constitution of this commonwealth and that I will discharge the duties of my office with fidelity.

Sworn (or affirmed) and subscribed before me

in \_\_\_\_\_, the \_\_\_\_  
COUNTY  
 day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 SIGNATURE OF COURT OF COMMON PLEAS JUDGE OR  
 SECRETARY OF EDUCATION

PRINTED NAME OF APPLICANT (REQUIRED)	DATE
SIGNATURE OF APPLICANT (REQUIRED)	