**Commonwealth of PA  
Professional Standards and Practices Commission  
607 South Drive, 4th Floor Rotunda, Harrisburg, PA 17120-0600   
Phone (717) 787-6576 | TTY (717) 783-8445 | FAX (717) 783-0734**

Petition and Application for Reinstatement of Educator Certification or Employment Eligibility

Pursuant to your request, please find enclosed an Application Packet for Reinstatement of your Pennsylvania educator certification and/or your employment eligibility to serve as a charter or cyber charter school staff member or a contracted educational provider staff member.

**The completed Reinstatement Packet must include the following items:**

* Petition for Reinstatement AND Reinstatement Application, which should be attached to the Petition for Reinstatement as an exhibit. To process the reinstatement request, both the Petition for Reinstatement and the Application must be completed in full;
* A Notarized Authorization form; and
* A signed Consent to Release form.

# Clearances/Background Checks:

The following background checks are required for all applicants seeking reinstatement:

* Department of Human Services Child Abuse History Clearance
* Pennsylvania State Police Request for Criminal Records Check
* Federal Criminal History Record Information (CHRI)

[Information about obtaining clearances, associated laws and regulations, answers to frequently asked questions](https://www.education.pa.gov/Educators/Clearances/Pages/default.aspx), and additional resources.

**Note**: The Commission will accept FBI criminal history certifications obtained through the Department of Human Services.

**Incomplete applications will not be processed.**

As the petitioner, you bear the burden of establishing that reinstatement is just and proper. In making that determination, the Commission may consider the following factors:

* the conduct which resulted in discipline;
* other past conduct of the applicant;
* the applicant’s current attitude towards past conduct;
* rehabilitation efforts and activities;
* evidence of compliance with any conditions imposed as part of the discipline; and
* references and letters of support or opposition.

The Educator Discipline Act requires the Commission to seek and consider the recommendation of the Department of Education. However, the Department’s recommendation, it is not binding on the Commission. The Commission must also request and may consider recommendations from the school entity or entities in which the educator was employed at the time of the misconduct.  Finally, the Commission publishes notice of the application in the Pennsylvania Bulletin to allow for public comment.

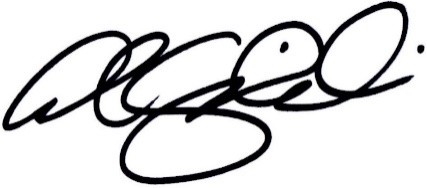
It is your right to have a hearing to present your case or you may present your case through documentary evidence only. Please note that you must expressly indicate on the Petition, by checking the appropriate box, whether you are requesting or waiving an evidentiary hearing. If you elect not to have a hearing, all evidence that you want the Commission to consider must be submitted with the Petition and Application.

If you request a hearing, the Commission will appoint a hearing officer who will conduct the hearing in accordance with the General Rules of Administrative Practice and Procedure. 1 Pa. Code Part II. You may represent yourself or be represented by an attorney. If you waive an evidentiary hearing, the Commission will consider the matter directly at a public meeting, which you and/or your representative will be invited to attend.

The original of the completed Application and Petition, including attachments, must be filed with the Commission and copies served upon the Department of Education’s Office of Chief Counsel by hand delivery or by mail. The manner of service should be indicated on the Petition.

More information can be found on the Commission’s website at: [www.pspc.education.pa.gov](http://www.pspc.education.pa.gov). In addition, you may wish to review the Educator Discipline Act and the Commission’s bylaws. Copies are available on the Commission’s website or by mail upon request.

If you have any questions, please feel free to contact my office.

Sincerely,

Amber Lee Czerniakowski  
Executive Director

Enclosures

**Commonwwealth of Pennsylvania  
Professional Standards and Practices Commission  
Harrisburg, Pennsylvania**

Petition for Reinstatement

**IN RE:** Petition of

Click or tap here to enter text. (check one)  
(Name)  Hearing Requested

Hearing Waived  
(Failure to request or waive the hearing will be considered a waiver of hearing.)

Pursuant to Section 16 of the Educator Discipline Act, 24 P.S. § 2070.16, 1 Pa. Code §§ 35.1--35.2, and 22 Pa. Code § 233.123, Click or tap here to enter text. (Name) (“Applicant") hereby applies to the Professional Standards and Practices Commission ("PSPC") for an order reinstating/lifting the suspension of Applicant's certificate(s) and/or employment eligibility as specified herein. In support thereof, Applicant attaches hereto and incorporates as a part of this pleading a completed Reinstatement Application and documents, letters of reference and other information in support of the application.

By the signature affixed below, the Applicant certifies that the information provided in the attached Reinstatement Application is complete, true, and correct and made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Applicant further certifies that a copy of this pleading, including the attached Reinstatement Application and all attachments thereto, has been served upon the Office of Chief Counsel for the Department of Education in accordance with 1 Pa. Code § 33.32 and in the following manner:

(Please complete appropriate delivery method)

By hand delivery on Click or tap to enter a date.

made at 607 South Drive, 4th Floor Rotunda   
 Harrisburg, PA 17120-0600

OR

By U.S. Mail on Click or tap to enter a date.

Postage prepaid, addressed to   
Office of Chief Counsel, Department of Education  
607 South Drive, 4th Floor Rotunda Harrisburg, PA 17120-0600

(Applicant's signature)

(Applicant’s name)

(Street or Box Number)

(City) (State) (Zip)

(Phone Number) (Cell Phone) (Email Address)

(Signature of Counsel, if applicable)

(Name of counsel)

(Street)

(City) (State) (Zip)

(Phone Number) (Cell Phone) (Email Address)

Date Mailed: Click or tap to enter a date.

**Commonwwealth of Pennsylvania  
Professional Standards and Practices Commission  
Harrisburg, Pennsylvania**

Reinstatement Application

As the petitioner for reinstatement, you have the burden of establishing that reinstatement is just and proper. Thus, you must provide all the information requested as well as any and all documents that support your reinstatement application. Incomplete or inaccurate responses will delay the processing of this application. In addition to providing the information requested, you may attach any additional information that may be helpful to the Commission in considering your application. Any information submitted under separate cover should be clearly identified as a part of your reinstatement application.

# General Information

**Full Name**:

**SSN**: XXX-XX- **(last four digits only)**

**Maiden or Other Names by Which You Are or Have Ever Been Known**:

**Date of Birth**:

**Current Home Address**:

**Home Phone**:

**Daytime Phone**:

**Cell Phone**:

**Email Address**:

**Postsecondary Educational History:**

|  |  |  |
| --- | --- | --- |
| Name/Address of Institution | Program/Degree | Date Conferred |
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**List each certificate issued to you by the Commonwealth of Pennsylvania by type of certificate (i.e., Instructional, Administrative, Supervisory, etc.), area of certification and date issued**.

**Are you or were you ever certified as an educator in any other state, country, or territory?**

Yes  No

If yes, list each certificate separately below:

|  |  |  |
| --- | --- | --- |
| State/Country/Territory | Certification | Date Conferred |
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**Was disciplinary action ever initiated or pursued against your certification in any other state/country/territory?**

Yes  No

If yes, please explain circumstances surrounding the action and indicate final disposition.

**Have you surrendered your certification in any other state/country/territory?**

Yes  No

If yes, please explain circumstances which led to the surrender.

# Professional Experience

**Please list all positions held as a professional educator (most recent first):**

|  |  |  |  |
| --- | --- | --- | --- |
| Position Held | Employer | Dates of Employment | Phone # |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**For each position listed in response to question #1 above, please provide the name and phone number of your immediate supervisor and state the reason that you left the position.**

**Please provide the name and phone number of colleagues, other than your immediate supervisor(s), who are familiar with your performance in the professional positions listed above.**

|  |  |  |
| --- | --- | --- |
| Name | Position | Phone # |
|  |  |  |
|  |  |  |
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**If you resigned from any position as a result of allegations of misconduct or were dismissed as a result of misconduct, please indicate which position, and describe the circumstances surrounding the dismissal or resignation below.**

# Conduct Resulting in Disciplinary Action

**Date of Order revoking, suspending, or accepting the surrender of your Pennsylvania certificate(s) and/or employment eligibility:**

Click or tap to enter a date.

**Was a hearing held prior to the surrender, revocation, or suspension?**

Yes  No

**Describe the conduct that resulted in the revocation, suspension, or surrender of your certificate(s) and/or employment eligibility.**

**Attach any and all documents that relate to the circumstances that resulted in the revocation, suspension, or surrender of your certificate(s) and/or employment eligibility.**

**Have you previously applied for reinstatement?**

Yes  No

If yes, provide the date of the prior application. Click or tap to enter a date.

# Criminal Background

You must give complete answers to all questions. If you answer “Yes” to any question, you must provide a detailed explanation on a separate sheet of paper, including date(s), location(s), and disposition, and attach it to this application. Please provide certified copies of all criminal court records verifying the information provided.

**Criminal Offense** includes felonies, misdemeanors, and summary offenses (excluding minor traffic offenses).

**Conviction** includes a plea of guilty or nolo contendere (“no contest”).

**Have you ever been convicted of a criminal offense?**

Yes  No

**Have you ever entered an Accelerated Rehabilitation Disposition (ARD) program as the result of criminal charges?**

Yes  No

**Are you currently under charges for a criminal offense?**

Yes  No

# Activities Since Decertification

**Please list every position, including name, address, and phone number of employer, that you have held since your certificate and/or employment eligibility was revoked, surrendered, or suspended. List your most recent position first.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position Held | Employer | Address | Phone # | Dates Employed |
|  |  |  |  |  |
|  |  |  |  |  |
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**List all residences maintained since the revocation, suspension or surrender of your certification and/or employment eligibility, including the names, phone numbers and addresses of landlords, if applicable.**

|  |  |
| --- | --- |
| Address | Dates |
|  |  |
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**Since the revocation, suspension or surrender of your certification and/or employment eligibility, have you applied for or received any license or certificate requiring proof of good character?**

Yes  No

If yes, list the name and address of the authority to which the application was sent and the date and ultimate disposition of the application:

|  |  |  |  |
| --- | --- | --- | --- |
| Authority Name | Address | Date | Disposition |
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**As a member of any professional organization or holder of any office, certificate, or license other than teaching, have you ever been the respondent in any procedure or inquiry that involved censure, removal, suspension, annulment, revocation, or discipline?**

Yes  No

If yes, describe the nature of complaint, its disposition, and the name and phone of person(s) who can verify this information:

|  |  |  |
| --- | --- | --- |
| Complaint | Disposition | Name/Phone # of Verifier |
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# Rehabilitation

**Please detail all efforts that you have made to address the conduct that led to the suspension, revocation or surrender of your certification and/or employment eligibility. If you have engaged in activities such as counseling, professional development, or community service, please describe the activity in full and provide the name, address, and phone # of a contact person for each activity. In addition, you must submit documentary support for each rehabilitative effort noted, such as letters from counselors/therapists verifying your treatment progress or transcripts for courses taken.**

# References

**List the names, addresses, and phone numbers of at least five people who can attest to your character. You must enclose letters of support from these references. References should expect to be contacted by the Department regarding this application and should be aware of the circumstances that led to the suspension, revocation or surrender of your certification and/or employment eligibility.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone # | Relationship to Applicant |
|  |  |  |  |
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# Personal Statement

On a separate sheet of 8½” x 11” paper, please explain why your certificate should be reinstated. The personal statement is one of the critical elements of your application. Applications submitted without a personal statement will not be considered.

# Background Checks/Clearances

The following background checks are required for all applicants seeking reinstatement: Department of Human Services Child Abuse History Clearance; Pennsylvania State Police Request for Criminal Records Check; Federal Criminal History Record Information (CHRI).

[Information about obtaining clearances, associated laws and regulations, answers to frequently asked questions](https://www.education.pa.gov/Educators/Clearances/Pages/default.aspx), and additional resources.

**Note**: The Commission will accept FBI criminal history certifications obtained through the Department of Human Services.

Include your Child Abuse History Clearance and Pennsylvania Criminal History Report with this Application. Please contact the Commission office when you have completed the fingerprinting process so that we may review the results of your FBI criminal history check online. You must sign and return the enclosed Consent to Release authorizing the Commission to view the results.

# Authorization Form

All applicants must submit a completed notarized Authorization Form (attached), which permits the Department to obtain copies of documents necessary to its investigation of your application.

# Filing Instructions

**Please send the original and one copy of the Petition and Reinstatement Application to:**

Professional Standards and Practices Commission  
607 South Drive, 4th Floor Rotunda  
Harrisburg, PA 17120-0600

**Please send a copy of the Petition and Reinstatement Application to:**

Office of Chief Counsel  
Pennsylvania Department of Education  
607 South Drive, 3rd Floor  
Harrisburg, PA 17120-0600

Authorization

To Whom It May Concern:

This is to authorize you to release upon request of the Commonwealth of Pennsylvania, Department of Education, 607 South Street, 3rd Floor, Harrisburg, Pennsylvania, 17120-0600, a copy of all records in your possession, custody and/or control pertaining to Click or tap here to enter text.. (Name)

Although this authorization is a photocopy rather than an original, an original authorization form has been signed by me and is maintained at the Office of Chief Counsel of the Department of Education.

Name (please print)

Signature

Sworn to and Subscribed before me this

day of , .

Notary Public Commonwealth of Pennsylvania

Consent to Release

I, , authorize and direct the School Services Office of the Pennsylvania Department of Education to provide a copy of my Federal Bureau of Investigation Criminal Background Report on my behalf to the Professional Standards and Practices Commission for the purpose of its review of my Petition for Reinstatement. I also authorize and direct the Professional Standards and Practices Commission to provide a copy of my Federal Bureau of Investigation Criminal Background Report on my behalf to the Department of Education’s Office of Chief Counsel for the purpose of making a recommendation on my Petition for Reinstatement.

Applicant Date