

PACE Request for Professional Licensure
South Carolina Department of Education
Division of School Effectiveness - Office of Educator Services
8301 Parklane Road
Columbia, South Carolina 29223

License Number _____ District _____

Name _____
Last First MI Former Name

Please indicate content area _____

Training Program

Location training was attended _____

Date of training program completion (mm/yyyy) _____

Coursework

Be sure to submit official transcripts reflecting completion of all graduate courses. PACE participants must complete three graduate courses to include Classroom Management, Methods in the Content Area, and an Elective (Reading, Exceptional Child, Assessment, Educational Psychology). PACE participants must complete a course in each category. PACE participants must have a course request form and approval letter on file for each class completed.

Classroom Management: Course Prefix and Number (i.e. EDUC 500): _____

Course Name: _____

Regionally Accredited Higher Education Institution: _____

Date Course Completed: _____

Course Request form on file at Office of Educator Licensure (if not from the PACE booklet) Yes No

Official Transcript on file at the Office of Educator Licensure Yes No

Methods in the Content Area: Course Prefix and Number (i.e. EDUC 500): _____

Course Name: _____

Regionally Accredited Higher Education Institution: _____

Date Course Completed: _____

Course Request form on file at Office of Educator Licensure (if not from the PACE booklet) Yes No

Official Transcript on file at the Office of Educator Licensure Yes No

Elective: Course Prefix and Number (i.e. EDUC 500): _____

Course Name: _____

Regionally Accredited Higher Education Institution: _____

Date Course Completed: _____

Course Request form on file at Office of Educator Licensure (if not from the PACE booklet) Yes No

Official Transcript on file at the Office of Educator Licensure Yes No

Required Test

PACE participants (excluding Library Media Specialists with master's level content degrees) are required to present a passing score on the Principles of Learning and Teaching Examination (PLT). Official scores must be on file with the Office of Educator Services. Please indicate the date you passed this examination.

Test Date: _____ Score on file at the Office of Educator Services Yes No

ADEPT

We will review your ADEPT evaluations to assure that you completed at least one successful annual evaluation and that your most recent year of teaching was successful.

SIGNATURE _____ DATE _____

Status of requests can be confirmed from the Educator Services website. All subsequent changes, additions or modifications to a license may be confirmed by the educator and a license can be printed from the Licensure Status page on our secure Web site at <http://ed.sc.gov>. An official copy of a credential can be requested for a \$10.00 fee (check or money order).