

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
APPLICATION FOR ISSUANCE/RENEWAL OF AN EMERGENCY PERMIT

Print or Type Applicant's Full Name:

\_\_\_\_\_  
Last                                      First                                      M.

\_\_\_\_\_  
Birth Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City                                      State                                      Zip

(      )

\_\_\_\_\_  
Telephone Number                      Date of Birth

E-Mail Address (PLEASE USE ALL CAPS)

Check as appropriate for each section: (response is voluntary)	
Race:    ___ Amer.Indian/Alaskan Native	___ Hispanic
___ Asian/Pacific Islander	___ White
___ Black	___ Other
Sex:     ___ Male	___ Female

_____ Social Security Number	
Notice/Affidavit	
Disclosure of the social Security Number is mandatory. It will furnished to the Rhode Island Division of Taxation pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws. Which states that any person applying for or renewing a license to conduct a profession within Rhode Island must have filed all required state tax returns and paid all taxes due the state. The statute also requires the following certification:	
I hereby certify, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state, entered into a written agreement with the Rhode Island Division of Taxation, or am pursuing administrative or appellate review of unpaid taxes.	
_____ Signature	_____ Date

**SECTION A: CERTIFICATION REQUEST**

- I am requesting the issuance of an Emergency Permit. (\$200 non-refundable fee per permit area)
- I am requesting renewal of an Emergency Permit. (\$200.00 non-refundable fee per permit area)

This emergency permit is valid only in the specified certificate area and in the school district that is requesting its issuance. The emergency permit is renewed annually upon the request of the school superintendent and completion of six (6) semester hours of college credits required for certification in the area that emergency permit is held and successful teaching experience as verified by the local appointing authority. Individuals granted emergency permits after February 1<sup>st</sup> must complete three (3) semester hours of appropriate college credits for the first renewal of the emergency permit.

**SECTION B: REQUIRED INFORMATION**

Teachers and other school personnel certified by the State of Rhode Island must be of good moral character. Rhode Island General Law 16-12-3 states that "Every teacher shall aim to implant and cultivate in the minds of all children committed to his care the principles of morality and virtue." Your answers to the following questions regarding your employment, criminal, and certification history are important. Any criminal matter covered by a question must be disclosed regardless of how long ago it occurred or how unimportant it may seem. Criminal matters do not necessarily preclude certification, but the failure to answer a question truthfully may result in disqualification. Furthermore, Rhode Island General Law 11-18-1 prohibits the submission of a document containing a false and misleading statement to a public agency, and Rhode Island General Law 11-58.1 prohibits the use of a falsified educational record of a post secondary institution.

1. Have you ever been dismissed from any employment or have you ever resigned or retired from any employment following the initiation of disciplinary action? If yes, attach an explanation. \_\_\_ Yes \_\_\_ No
2. Are you facing disciplinary action in your present employment? If yes, attach an explanation. \_\_\_ Yes \_\_\_ No
3. Have you ever been convicted of a felony or a misdemeanor? If yes, attach a copy of the conviction record(s). Expunged convictions must be disclosed under Rhode Island General Law 12-1.3-4. Attach an explanation stating the date, location and nature of the offense(s) involved in the expunged conviction(s). \_\_\_ Yes \_\_\_ No

4. Have you ever entered a plea of nolo contendere to a felony or misdemeanor charge? If yes, attach a copy of the conviction and/or probation record(s). \_\_\_ Yes \_\_\_ No
5. Are any felony or misdemeanor charges currently pending against you? If yes, attach an explanation. \_\_\_ Yes \_\_\_ No
6. Do you hold a valid educator's certificate in any other state? \_\_\_ Yes \_\_\_ No  
 State \_\_\_\_\_ Area(s) \_\_\_\_\_ Cert. No. \_\_\_\_\_
7. Have you ever been denied an educator's certificate for reasons other than your failure to meet academic or experience requirements? If yes, attach an explanation stating the date, state, and reason(s) for denial. \_\_\_ Yes \_\_\_ No
8. Has your educator's certificate or license in another state ever been suspended, revoked, or surrendered? If yes, attach an explanation. \_\_\_ Yes \_\_\_ No
9. Are you currently the subject of any action to revoke or suspend your educator's certificate or license? If yes, attach an explanation. \_\_\_ Yes \_\_\_ No

**SECTION C: AUTHORIZATION**

I certify the accuracy of the information provided in this application and in any supporting documentation that I may submit. I have read and understand the notice regarding Rhode Island laws above. I hereby authorize the release of information to the Department of Education for the purpose of investigating or verifying any information in my application.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**SECTION D: CERTIFICATION FEE**

Emergency applications require a non-refundable \$200 processing fee per permit area.

**PLEASE MAKE CHECK PAYABLE TO : GENERAL TREASURER-STATE OF RI. ALL FEES ARE NON-REFUNDABLE. NOTE: WE ARE UNABLE TO ACCEPT CASH.**

Please mail application, fee and required documents to:

Rhode Island Department of Education  
 Office of Educator Quality and Certification  
 255 Westminster St.  
 Providence, RI 02903-3400

To be acceptable, application must be dated within the past three (3) months and signed by the applicant.

**Initial Request**

This is a request that an emergency certificate be issued to \_\_\_\_\_ SS# \_\_\_\_\_ Or App ID \_\_\_\_\_  
 in the area(s) of \_\_\_\_\_, I certify by my signature that:

1. no certified individual applied for the position, and
2. the emergency request is not the result of a residency requirement, and
3. all local colleges/universities have been contacted to locate an appropriately certified applicant.

Enclosed is a copy of a recent (within one month) advertisement for the position from a statewide newspaper.

\_\_\_\_\_  
 Signature Superintendent or Director of School      Date

\_\_\_\_\_  
 School District/School      Address

**Renewal Request**

This is a request that the emergency certificate issued to \_\_\_\_\_ SS# \_\_\_\_\_ Or App ID \_\_\_\_\_  
 in the area(s) of \_\_\_\_\_ be renewed for the \_\_\_\_\_  
 School year. The individual completed \_\_\_\_\_ year(s) of successful teaching experience under the emergency certification in my school district.

\_\_\_\_\_  
 Signature of Superintendent or Director of School      Date

\_\_\_\_\_  
 School District/Schools      Address