



Instructions for Appeal: Act 48/Act 45

*In accordance with 1205.2(i) of the Public School Code (Act 48 of 1999)
Form PDE 338 R-4*

This form is used to file an appeal of the Department's Notice of Inactive Certification for failure to meet Continuing Professional Development requirements. The form can be completed electronically with the supporting documentation attached to the form. Email the completed form to RA-A48APPS@pa.gov.

All appeals must be received by the Division of Planning within 30 days of date of Notice of Inactive Certification. NOTE: For credit discrepancies (credits/hours taken within the 5-year period but not on record with the Department), PDE 338 R-4 may not always be necessary.

1. View your continuing professional education records from the [Professional Education Record Management System \(PERMS\)](#) to determine the specific discrepancy in credits/hours reported to the Department.
2. Contact the **approved provider(s)** concerning specific records where discrepancies exist. If you have any questions, please check the PDE website at www.education.pa.gov.
3. Enter the following information into the form:
 - a) Last Name, First Name, and Middle Initial
 - b) Social Security Number - Failure to provide SSN may result in a delay of appeal processing.
 - c) Date of Birth (MM/DD/YYYY)
 - d) Street Address
 - e) City, State, and Zip Code
 - f) Home Phone Number
 - g) Daytime Phone Number
 - h) Former name(s), if applicable, beginning with the most recent.
4. Select the reason for appeal.
5. Please upload the following documentation by clicking the upload buttons in the form. (To view your uploads, click on the small triangle on the left side of the document and select the paperclip icon. If a document needs to be deleted, click on the document that is listed on the left-hand side, and hit the delete key on your keyboard.)
 - a. Copy of teaching certificate
 - b. Copy of PDE Notice of Inactive Certification
6. Brief statement explaining your reason(s) for your appeal, including the factual and legal basis for the appeal. You must state a reason for appeal in order for your appeal to be considered. Other necessary documentation to support your appeal (i.e., name change documentation such as marriage certificate, official transcript listing credits received, etc.)
Death Certificate if educator is deceased

Applicant Statement - Your signature on this form verifies that all the information provided is correct and true. Misrepresentation/falsification of any statement or document may result in the revocation of your Pennsylvania certificate.



Request for Appeal: ACT 48/ACT 45 Form PDE 338 R-4

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. § 1224.

PRINCIPAL PURPOSE(S): To be used for maintenance of continuing education records of all certificated individuals.

ROUTINE USES: Used by the Pennsylvania Department of Education for the identification, evaluation, registration, and maintenance of continuing education records for certificated individuals.

DISCLOSURE: Voluntary. Withholding requested SSN may result in a delay of the initiation of the appeal process while the individual's identity is verified and records are located.

Title: Last Name:

First Name: MI:

Social Security Number:

Date of Birth (MM/DD/YYYY):

Street Address:

City:

State: Zip Code:

Home Phone Number: Daytime Phone Number:

Chronologically list former name(s) beginning with the most recent:

Last Name:

First Name: MI:

Last Name:

First Name: MI:

Reason for Appeal (Check One)

Discrepancy in credit/hours reported to the Department of Education.

Other:

Criteria for Appeal: Please submit the following documentation for your appeal to be considered:

- a. Your teaching certificate
- b. PDE Notice of Inactive Certification
- c. Brief statement explaining your reason(s) for appeal
- d. Any necessary documentation to support your appeal (i.e., name change documentation such as marriage certificate, official transcript listing credits received, etc.)
- e. Upload death certificate if educator is deceased.

The Division of Planning must receive all appeals within 30 days of the date of the PDE Notice of Inactive Certification.

Applicant Statement:

I certify that the information provided in this application, including all statements, transcripts and documentation are correct and true. I understand that the falsification of any statement or document may be result in the revocation of my Pennsylvania certificate. I further acknowledge and understand that the authorized electronic signature used to submit this application has the same legal validity and enforceability as my hand-written signature.

Print Name:

Signature of Applicant*:

Date (MM/DD/YYYY):

*If you are unsure of how to digitally sign a PDF, please see the directions on the next page.

PDE USE ONLY		LEGAL USE ONLY	
Date Received		Approved	Denied
Initials		Date	Initials

To sign this PDF, you will need to open the file using the updated version of Adobe Acrobat Reader or Adobe Acrobat Pro. Adobe Acrobat Reader is free to install.

If you do not have an Adobe Digital ID, follow these steps:

1. Click on the designated signature field, with a pink flag on the left.
2. Select "Configure a Digital ID."
3. Select "Create a new Digital ID."
4. Select "Save to Windows Certificate Store."
5. Fill in the required information.
6. Select "Standard Signature."
7. Select "Sign."
8. After signing the form, save the PDF.

If you do have an Adobe Digital ID, follow these steps:

1. Click on the designated signature field, with a pink flag on the left.
2. Select the appropriate Digital ID.
3. Select "Sign."
4. After signing the form, save the PDF.