

### **Documentation to be Submitted with the Application for Commission (PDE-5529)**

- Evidence of a vacancy if the previous officer's term has not expired (copy of signed board resolution/minutes indicating approved resignation, dismissal or retirement)
- Evidence that a majority of the board voted in the affirmative for this candidate (copy of signed board resolution/minutes indicating approval or vote tally)
- Evidence of a new position (copy of signed board resolution/minutes), if applicable (assistants only)

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

1. Log in at the "MyPDESuite Application Login Screen" and choose EdNAv2 from the "MyPDESuite Application" screen. If you do not have access to EdNAv2, please contact your Local Security Administrator (LSA).
2. Once you are in the EdNAv2 application, click on the "edit" button; select an entity to update from your list.
3. Make updates and click on the "Save" button at the bottom of the screen.
4. Return to the initial school listing page and repeat the process until all updates are completed.
5. Once all updates are completed, return to the main page; click on the tab at the bottom of your screen that shows "Proceed" and "Proceed to Submit."
6. Add email address.
7. Click on "Submit" and then the "Print ACS" button to complete the process.

If your submission status is "Pending Submission," follow steps 5 through 7 to submit the update request.



PDE-5529 (10/20)

Department of Education  
Division of Certification Services  
333 Market Street, 12<sup>th</sup> Floor  
Harrisburg, PA 17126-0333  
ra-edcertquestions@pa.gov

- NEW
- RENEWAL

**APPLICATION FOR COMMISSION  
EXECUTIVE DIRECTORS,  
SUPERINTENDENTS,  
AND ASSISTANTS  
VERIFICATION OF QUALIFICATIONS**

NAME (Dr., Mr., Mrs., Ms.) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PPID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

POINT OF CONTACT NAME AND TITLE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER AND EXTENSION \_\_\_\_\_

This is to certify that I have completed all requirements for the position of \_\_\_\_\_ and  
EXECUTIVE DIRECTOR, SUPERINTENDENT, OR ASSISTANT  
that the Pennsylvania Department of Education has issued the appropriate Letter of Eligibility or, if applicable,  
Commission Qualification Letter, a copy of which is attached to this application.

SIGNATURE OF APPLICANT	DATE
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**CERTIFICATION OF ELECTION OF COMMISSIONED OFFICER**

The Board of Directors of \_\_\_\_\_ met according to law on \_\_\_\_\_  
INTERMEDIATE UNIT OR SCHOOL DISTRICT DATE  
and hereby certify that \_\_\_\_\_ was elected by a majority vote of the Board of Directors as  
NAME  
\_\_\_\_\_ for a term beginning on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
EXECUTIVE DIRECTOR, SUPERINTENDENT OR ASSISTANT  
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\_\_\_\_. \_\_\_\_\_  
SUPERINTENDENT OR EXECUTIVE DIRECTOR SIGNATURE (ASSISTANTS ONLY)

SECRETARY, BOARD OF DIRECTORS	PRESIDENT, BOARD OF DIRECTORS
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**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\_\_\_\_.

\_\_\_\_\_  
LAW JUDGE OR SECRETARY OF EDUCATION

SIGNATURE OF APPLICANT	DATE
INTERMEDIATE UNIT OR SCHOOL DISTRICT	

**All fields must be completed in order for this application to be processed.**