



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. Mail an original and two copies of this completed form or a signed written request for appeal (including name, social security number, address, telephone number, statement of reason(s) for appeal, photocopy of denial letter, and other supporting documentation) to: Pennsylvania Department of Education, DPD Act 48/Act 45 Appeals, 333 Market Street – 3rd Floor, Harrisburg, PA, 17126-0333.

PRINT IN CAPITAL LETTERS WITH DARK BLUE OR BLACK INK ONLY

1. Print your Last Name, First Name and Middle Initial.
2. Print your complete address, and enter your Zip Code.
3. Print your former name(s), if applicable, beginning with the most recent.
4. Enter your Social Security Number. Failure to provide SSN may result in a delay of appeal processing.
5. Enter your Date of Birth (Month, Day, Year).
6. Print M or F in the correct box for male or female.
7. Enter your telephone numbers (Home and Daytime) in case we need to contact you.
8. Select the reason for appeal.
9. Please submit the following documentation:
 - a. Request Form PDE 338 R-4 or written request for appeal
 - b. Copy of teaching certificate
 - c. Copy of PDE Notice of Inactive Certification
 - d. 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.
 - e. Other necessary documentation to support your appeal.
10. Applicant Statement. Your signature on this form or on your written request verifies that all of the information provided is correct and true. Misrepresentation/falsification of any statement or document may result in the revocation of your Pennsylvania certificate.

All appeals must be received by the Division of Planning within 30 days of date of Notice of Inactive Certification.

Mail the application and supporting documents to: Pennsylvania Department of Education, DPD Act 48/Act 45 Appeals, 333 Market Street – 3rd Floor, Harrisburg, PA, 17126-0333.

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 and print 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 (see link to Reporting System on left navigation).
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.



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.

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____ Sex: M F
Street Address: _____
City, State and Zip Code: _____
Home Phone: _____ Daytime Phone: _____

Chronologically print 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. (see back for details)
Other: _____

Criteria for Appeal: Please submit three copies of 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

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.

Print Name _____ Signature of Applicant _____ Date _____

PDE USE ONLY			
Approved	Denied	Date	Initials