Department of Education
School Services Unit
333 Market Street
Harrisburg, PA 17126-0333

PDE-5529A (8/99)

APPLICATION FOR COMMISSION ASSISTANT EXECUTIVE DIRECTOR OR ASSISTANT SUPERINTENDENT

____ NEW
____ CONTINUED

INSTRUCTIONS: This form must be completed for each individual applying for a commission.

VERIFICATION OF QUALIFICATIONS

NAME (Dr., Mr., Mrs., Ms.) DATE OF BIRTH

ADDRESS

This is to certify that I have completed all requirements for the position of _____ and that the Pennsylvania
ASSISTANT EXECUTIVE DIRECTOR/ASSISTANT SUPERINTENDENT
Department of Education has issued the appropriate Letter of Eligibility, a **copy** of which is attached to this application.

SIGNATURE OF APPLICANT | DATE

CERTIFICATE OF ELECTION OF COMMISSIONED OFFICER

The Board of Directors of _____ met according to law on _____,
INTERMEDIATE UNIT OR SCHOOL DISTRICT

and hereby certify that _____, upon the recommendation of the District Superintendent or Executive Director, was elected by a majority vote of the Board of Directors as _____
ASSISTANT EXECUTIVE DIRECTOR/ASSISTANT SUPERINTENDENT

for a term beginning on the _____ day of _____, 20 ____, 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

SECRETARY, BOARD OF DIRECTORS | PRESIDENT, BOARD OF DIRECTORS

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 _____ day of
COUNTY

_____ , 20 ____ .

_____
LAW JUDGE OR SECRETARY OF EDUCATION

SIGNATURE OF APPLICANT	DATE
INTERMEDIATE UNIT OR SCHOOL DISTRICT	

FOR PDE USE:

ACTION	SIGNATURE	DATE
CREDENTIALS VERIFIED		
COMMISSION AUTHORIZED		