



**VERIFICATION OF SERVICE FOR LEVEL II CERTIFICATE**  
**FORM PDE 338 P – Submit when online approval through TIMS is not available.**

(Refer to the instructions included with this form.)

<b>SECTION I – APPLICANT INFORMATION (please print or type in blue or black ink)</b>			
Last Name Click here to enter text.	First Name Click here to enter text.	Middle Initial Click here to enter text.	PA Professional ID (PPID) Click here to enter text.
Other Last Name(s): Click here to enter text.			
Current mailing address: Click here to enter text.			

<b>SECTION II-SCHOOL ENTITY INFORMATION (to be completed by school entity)</b>	
1. School Entity Name <b>Diocese of Erie, PA</b>	2. AUN (Administrative Unit Number) <b>2-05-25-087-4</b>
3. Address <b>429 East Grandview Blvd.</b>	City/State/Zip Code <b>Erie, PA 16506</b>
4. Point of Contact Name <b>Dr. Samuel Signorino</b>	5. Point of Contact Title/Position <b>Assistant Superintendent/Personnel</b>
6. Point of Contact Email Address <b>ssignorino@eriercd.org</b>	7. Point of Contact Telephone Number and Extension <b>814-824-1247</b>

<b>SECTION III – PROFESSIONAL EDUCATOR EXPERIENCE (to be completed by school entity)</b>						
Beginning Date of Assignment (mm/dd/yyyy)	Current or Ending Date <i>Do not leave blank</i>	Full Time Service?	If Part-Time Service:	Assignment and Subject Area*	Grade Level(s)	Satisfactory Service?
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours/Day Click here to enter text. Days/Week Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours/Day Click here to enter text. Days/Week Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hours/Day Click here to enter text. Days/Week Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* A current school board approved job description must be submitted with this form if the applicant is serving outside of their area of certification (ex. Dean of Students, Resource Room, Teen Parenting or any locally titled assignment).

**SECTION IV-CHIEF SCHOOL ADMINISTRATOR RECOMMENDATION**

<p>1. I affirm the applicant is known and regarded by this school entity as a person of <b>Good Moral Character</b> that possesses the personal qualities that warrant issuance of the requested certificate.</p>	<p><a href="#">Click here to enter text.</a> <b>Initial</b></p>
<p>2. I affirm the applicant has satisfactorily completed this school entity's Pennsylvania Department of Education <b>Approved Induction Program</b> as outlined in § 49.16 of the Regulations of the State Board of Education of Pennsylvania.</p>	<p><a href="#">Click here to enter text.</a> <b>Initial</b></p>
<p>3. I affirm the applicant completed the assignments listed in Section III and achieved a <b>Satisfactory Rating</b> on PDE Approved Evaluation Forms.</p> <p>NOTE: The forms should be maintained in the employee's personnel file.</p>	<p><a href="#">Click here to enter text.</a> <b>Initial</b></p>
<p><i>I certify that the information provided is correct and true.</i></p> <p>_____</p> <p>Signature of Chief School Administrator</p> <p><b>Mr. James Gallagher, Superintendent of Catholic Schools, Diocese of Erie</b> Printed Name &amp; Title</p> <p><a href="#">Click here to enter text.</a> Date Signed</p>	