Readopt with amendment Ed 505.08, effective 2-22-23 (Document #13562), to read as follows:

Ed 505.08 General Application Instructions.

- (a) Persons interested in holding a New Hampshire educator credential shall complete and submit an application with the bureau either online or by mail as follows:
 - (1) By creating an account on the myNHDOE Educator Information System (EIS) at https://my.doe.nh.gov/myNHDOE/Login/Login.aspx; or
 - (2) Bureau of Credentialing Department of Education 101 Pleasant Street Concord, NH 03301.
- (b) Applicants for any credential shall complete their application through the portal in (a)(1) above, or complete and submit the appropriate form as follows:
 - (1) DOE-BOC 1 "Application Statement of Eligibility (SOE)" form, April 2024, for applicants seeking an SOE as outlined in Ed 505.06(a);
 - (2) DOE-BOC 2 "Approved Educator Preparation Program Application" form, April 2024, for all applicants seeking initial licensure or additional endorsements as outlined in Ed 505.05;
 - (3) DOE-BOC 3 "Educator Transmittal Form", April 2024, for all New Hampshire licensed educators seeking to renew after recommendation as outlined in Ed 509.01;
 - (4) Renewal application forms for New Hampshire licensed educators seeking to renew directly to the bureau, as outlined in Ed 509.02, as follows:
 - a. DOE-BOC 4a "DOE Renewal Application Educator" form, April 2024;
 - b. DOE-BOC 4b "DOE Renewal Form Paraeducator I and II and Educational Interpreter and Transliterator License" form, April 2024; or
 - c. DOE-BOC 4c "License Renewal Form for School Nurse I, II, and III" form, April 2024;
 - (5) DOE-BOC 5 "Emergency Authorization (EA)" form, April 2024, for senior educational officials requesting to employ an unlicensed educator as described in Ed 504.04;
 - (6) DOE-BOC 6 "Application- Emergency Authorization (EA)" form, April 2024, for any unlicensed educator employed by a school district for which the employer is seeking an emergency authorization as described in Ed 504.04;
 - (7) DOE-BOC 7 "In Process of Licensure Authorization (IPLA)" form, April 2024, for any senior educational official who seeks to hire an educator who is in the process of becoming a licensed educator as outlined in Ed 504.05;
 - (8) DOE-BOC 8 "Paraeducator License Application" form, April 2024, for any applicant seeking a paraeducator license as outlined in Ed 504.06 and Ed 504.07;
 - (9) DOE-BOC 9 "School Nurse Application" form, April 2024, for any applicant seeking a school nurse I or III license, or renewal of a school nurse II license, as outlined in Ed 504.08 through Ed 504.10;

- (8) DOE-BOC 10 "Name Change Request" form, April 2024, for any credential holder seeking a credential issued with an official name change;
- (11) DOE-BOC 11 "Application- Educational Interpreter and Transliterator for Children and Youth ages 3-21 Inclusive" form, April 2024, as outlined in Ed 504.11;
- (12) DOE-BOC 12 "Application- Credential Verification Request" form, April 2024, for any credential holder seeking a verification of their New Hampshire credential;
- (13) DOE-BOC 13 "Application for Licensure Demonstrated Competencies" form, April 2024, for any applicant seeking licensure as outlined in Ed 505.07(b), Ed 505.07(c), and Ed 505.07(d);
- (14) DOE-BOC 14 "Application for Portfolio and Oral Board Review" form, April 2024, for all applicants seeking licensure as outlined in Ed 505.07(a);
- (15) DOE-BOC 15 "Intern Authorization Application" form, April 2024, for all applicants seeking licensure as outlined in Ed 504.03;
- (16) DOE-BOC 16 "Site-Based Licensing Plan Completer Application" form, April 2024, for all applicants who have completed their SBLP and are ready for full licensure as outlined in Ed 505.10(f)(17);
- (17) DOE-BOC 17 "Criminal History Record Check Clearance" form, April 2024, for bus drivers, transportation monitors, and Education Preparation candidates, as referenced in Ed 504.12; or
- (18) DOE-BOC 18 "Criminal History Record Check Clearance First time NH licenses only" form, April 2024, including the certification in (f) below.
- (c) The applicant's social security number shall be used by the department for the purposes of generating data on teacher salaries or such other purposes as authorized by law including but not limited to RSA 161-B:11,VI-a.
- (d) The applicant shall provide a social security number and agrees that the social security number shall be used to search the "National Association of State Directors for Teacher Education and Certification (NASDTEC) Clearinghouse" for action taken against the applicant's license by other member states or jurisdictions. If any action is found in the NASDTEC Clearinghouse database, the application shall be referred to the governance unit for review, pursuant to Ed 511 and Ed 512.
- (e) For Ed 505.08(b)(15), if an assessment of an applicant's background determines that some or all of the education requirements have been completed prior to application, the applicant shall not be required to repeat any requirement already completed.
- (f) All individuals who have not previously held a New Hampshire state board of education issued credential shall be considered first time applicants, and shall:
 - (1) Agree to a criminal history record check as required under RSA 189:13-c, III;
 - (2) Agree to a central registry check as described in RSA 169-C:35, VIII; and
 - (3) Agree to waive the time limits prescribed by RSA 541-A:29 and acknowledge that the application will not be deemed approved or granted prior to the agency's actual receipt and review of the applicant's criminal history record check clearance.
- (g) Filing of the completed application, supporting documentation, and application fee shall be the responsibility of the applicant.

13961, (eff 5-10-24)

(h) All applicants for any credential or endorsement issued by the state board shall acknowledge the following statements:

"By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf

By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that the Educator Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Professionals; (2) Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Technology, which as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code of Conduct may result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I understand that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report a suspected violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educator credential. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code conduct.pdf".

Appendix I

Rule	Statute
Ed 505.08	RSA 21-N:9, II(s); RSA 186:11, X(a)-(b); RSA 541-A:29

Readopt with amendment the following forms incorporated by reference in Ed 505.08(b)(1)-(18), effective 2-22-23 (Document #13562), to read as follows:

DOE-BOC 1, "Application – Statement of Eligibility (SOE)", February 2023

DOE-BOC 2, "Application for Licensure – Educator Preparation Program Completer", February 2023

DOE-BOC 3, "Educator Transmittal Form", February 2023

DOE-BOC 4a, "DOE Renewal Application – Educator", February 2023

DOE-BOC 4b, "DOE Renewal Form Paraeducator I/ II and Educational Interpreter/Transliterator License", February 2023

DOE-BOC 4c, "License Renewal Form for School Nurse I, II, and III", February 2023

DOE-BOC 5, "Emergency Authorization (EA)", February 2023

DOE-BOC 6, "Application for Emergency Authorization", February 2023

DOE-BOC 7, "In Process of Licensure Authorization (IPLA)", February 2023

DOE-BOC 8, "Paraeducator License Application", February 2023

DOE-BOC 9, "School Nurse Application", February 2023

DOE-BOC 10, "Name Change Request", February 2023

DOE-BOC 11, "Application for Educational Interpreter/Transliterator for Children and Youth ages 3-21 Inclusive", February 2023

DOE-BOC 12, "Application for Credential Verification Request", February 2023

DOE-BOC 13, "Application for Licensure – Demonstrated Competencies", February 2023

DOE-BOC 14, "Application for Portfolio and Oral Board Review", February 2023

DOE-BOC 15, "Intern Authorization Application", February 2023

DOE-BOC 16, "Site-Based Licensing Plan Completer Application", February 2023

DOE-BOC 17, "Criminal History Record Check Clearance", February 2023

DOE-BOC 18, "Criminal History Record Check First-Time NH Licenses Only", February 2023

All the forms have the following changes:

- The word "optional" has been removed and replaced by an asterisk for the Social Security number field, with statutory reference to RSA 21-N:9, II(s) giving the Department of Education authority to require Social Security numbers, pursuant to 2022, 222:1, effective 8-16-22;
- The option of "Other" was added to the Gender field; and
- Additional options were added in the Ethnicity field, and the fillable field asking to indicate race is removed.

DOE-BOC 4b amends the title of the form to change the "/" to "and" to accurately reflect the title of the credential:

DOE-BOC 11 amends the title of the form to change the "/" to "and" to accurately reflect the title of the credential;

DOE-BOC 18 also amends the language in the certification by adding the following: "I understand that the central registry check will identify whether there are any substantiated allegations of child abuse against me and/or the existence of any open child abuse investigations, where I have been identified as an alleged perpetrator of child abuse. Further, I understand that any investigatory reports related to such substantiated allegations and/or open investigations may be received as part of this application."



Bureau of Credentialing office use only:

Date Received:

Fee amount:

Check #:

APPLICATION -STATEMENT OF ELIGIBILTY (SOE)

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Important Notice

If you are a first time applicant you must complete the Criminal History Records Check (CHRC) application and submit a copy of your Driver's License with this application.

A first time applicant is one who has never held a credential in New Hampshire including but not limited to REL. FEL. IPLA. IA. FA. SOE, PARA. School Nurse, and MTL

Al	first time applicant is one who	has never held a credential	in New Hampshire includ	ing but not limited to l	BEL, EEL, IPLA, IA, EA, SOE, PAI	RA, School Nurse, and Mi	rL
ALL *Fields	s are Required						
Social Securi	ty Number *				EdID# (if know	vn)	
1	he applicant agrees that the social sec	unity number shall be used to search	the National Association of St	ate Directors for Tracher Edi	ecation and Certification (NASDTEC)* Clean	inghouse in accordance with Ed 5	05 08(d) and RSA 21-N 9_II(s)
Name:			ـــــا لـــــــ				
	* First N	ame	MI	* Last l	Name	Prev	ious Name
* Gender:	Male 🗌	Female	Other	*Date of	Dinth		
			_		-		
*Select Ethi	nicity: (check one)	American I	ndian/Alaskan I	NativeA	sian/Pacific Islander	Hist	oanic
Africa	n American/Non-	Hispanic	White/Non-I	Hispanic	Other/do not wis	sh to specify	Multi-ethnic
* Mailing A	Address:						
	·						
	Street	/ PO Box			City	State	Zip
							–
	*Primary Te	lephone Number	Allow S	MS/Text	*Alternate Te	lephone Numbe	Allow SMS/Text
	*Primary	Email Address			*Alternate	Email Address	
	•						
COLLEGE IN	FORMATION						
DEGREE	COLLEGE		STATE	MAJOR			DATE GRANTED

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY (example: Biology (SHORT); Mathematics (CLGRCS); Elementary Education (EEEK8); Health Science (CTESA)

SHORT (Critical Shortage List) CLGCRS College-Level Courses CTESA Career and Technical Pathway Specialty Area

EEECE Elementary Education K-6 or Early Chil	Idhood Education	EEK8 Elementary Education K-8		
NEWEND New Endorsement NO	PATH No other Available			
			$\overline{}$	
:				
LEASE CHECK APPROPRIATE ANSWERS			YES	NO
Have you ever been convicted or charged pending disposit ther jurisdiction? (Minor traffic violations with the exception)				
Have you had any type of Education Credential suspended	or revoked in New Hampshi	re or any other jurisdiction?		
Have you had a corrective action related to an Educator Cr hat did not result in suspension or revocation of your Educa-		New Hampshire or any other jurisdiction		
Have you ever surrendered any Educator Credential in Nev	w Hampshire or any other jur	isdiction to settle a disciplinary action?		
Have you ever been investigated in your role as (including Classroom Aid, or *Designated Volunteer" for allegations in urisdiction?				
Are you currently under investigation in New Hampshire of gainst you while employed as (including, but not limited to iducation Personnel or "Designated Volunteer" in any publ	o) an Educator. Para-educator	, Classroom Aid. Transportation Personnel,		
IF YOU ANSWERED YES TO ANY O	F THE ABOVE QUES	STIONS, ATTACH AN EXPLANA	TION	
*By checking this box, I certify that I ha				
*By checking this box, I certify that I have re Code of Conduct, Ed 510 sets forth 4 Princip Responsibility to Students; (3) Responsibility as a certified educator, I am obligated to follow	ead the Educator Code of C des: (1) Responsibility to th y to the School Community;	onduct. In so certifying, I understand that e Education Profession and Educational Pr and (4) Responsible and Ethical Use of Tec	ofessionals chnology, v	s; (2) which
result in a written reprimand, suspension or that pursuant to Ed 510.05, I have a duty to violation of the Educator code of conduct mahttps://www.education.nh.gov/sites/g/files/el	revocation of my Educator report any suspected violati ay result in a written reprin	credential. Additionally, in so certifying, I on of the code of conduct. Failure to reportand, suspension or revocation of my Educa	understan t a suspect	ted
hereby certify that I am the individual listed in this applica ccurate, and complete to the best of my knowledge.	ation, and that all information	provided herein, including all accompanying	documenta	ıtion, is t
*SIGNATUE			*DATE	



Bureau of Credentialin	g outer use only.
Date Received:	
ee amount:	
Check#:	

Approved Educator Preparation Program Application

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Important Notice

If you are a first time applicant you must complete the Criminal History Records Check (CHRC) application and submit a copy of your Driver's License with this application.

A first time analicant is one who has never held a credential in New Hamashire including but not limited to BEL, EEL, IPLA, IA, EA, SOE, PARA, School Nurse, and MTL

Social Security Number *		–	T Ed	ID # (if known)	
The applicant agrees that the social security number s	hall be used to search the "National Associat	ion of State Directors for Teache	r Education and Certification (NASDTEC)* C	learinghouse in accordance with Ed	505 08(4) and RSA 21-N 9, 11(s)
Name:					
* First N	ame M	I	* Last Name		Previous Name
*Gender: Male	Female (Other	*Date of Birth		
_	_	_			
Select Ethnicity: (check one)	American India	n/Alaskan Nativ	ve Asian/Pacific	Islander	Hispanic
African American/Non-	Hispanic V	Vhite/Non-Hisp:	anic Other/o	lo not wish to spe	cify Multi-ethnic
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* Mailing Address:					
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	Email Address	STATE MA	JOR	ilternate Email A	DATE GRANTED
OLLEGE INFORMATION	Email Address	STATE MA		Iternate Email A	
OLLEGE INFORMATION	Email Address	STATE MA		Ilternate Email A	

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY Example: Life Science (AEPPNH); Upper Level Mathematics (AEPPOS)

AEPPNH Approved Educator Preparation Program New Hampshire AEPPOS Approved Educator Preparation Program Out of State PLEASE CHECK APPROPRIATE ANSWERS YES NO *Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.) *Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction? *Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction that did not result in suspension or revocation of your Education Credential? *Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action? *Have you ever been investigated in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, Classroom Aid, or "Designated Volunteer" for allegations involving educator misconduct in New Hampshire or any other jurisdiction? *Are you currently under investigation in New Hampshire or any other jurisdiction related to allegations of educator misconduct against you while employed as (including, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel, Education Personnel or "Designated Volunteer" in any public school, private school, charter school, or public academy? IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION *By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf *By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that the Educator Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Professionals; (2) Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Technology, which as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code of Conduct may result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I understand that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report a suspected violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educator credential. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf I hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying documentation, is true, accurate, and complete to the best of my knowledge. *SIGNATURE *DATE



sureau of Cred	entialing office use only:
Date Received:	<u> </u>
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DOE RENEWAL APPLICATION - Educator

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Note: Please add the late fee for renewing an expired license

ALL *Fields are R	equired				
Social Security Number	er *		EdiD	# (if known)	
The applicant agrees that the	e social security number shall be used to search the "Natio	nal Association of State Directors for Teach	er Education and Certification (NASDTEC)* Cle	aringhouse in accordance with Ed 505 0	(d) and RSA 21-N 9 [l(s)
Name:					
	* First Name	MI	* Last Name	I	revious Name
*Gender: N *Select Ethnicity:	Male Female American	Other	*Date of Birth e Asian/Pacific Is	slander	Hispanic
	rican/Non-Hispanic	White/Non-Hispa		not wish to specify	Multi-ethnic
* Mailing Address	s:				
	Street / PO Box		City	Stat	e Zip
* F	Primary Telephone Number	· Allow SMS/Tex	*Alter	nate Telephone Nu	nher Allow \$MS/Text
•	Timery receptions realises			nate retephone iva	
	*Primary Email Address		*Alt	ernate Email Addr	ess
	your Professional Development onl ILINE" in Section A Sections B (I	ndividual Professional Dev Sectio	velopment Plan - IPDP) on A		office, please enter
	(indicate if Pr	ofessional Developme	ent already entered onl	ine in EIS)	
30 (Continuing Education Unit	specific to each ende	orsement Additional sheets	may be attached if necess	ary
Acti	ivity Type Date # of H	ours	Activity Title Description	Provider/Locatio	n

Section A (indicate if Professional Development already entered online in EIS)

45 Continuing Education Units aligned with Ed 505.03 Professional Education

Additional sheets may be attached if necessary.

Activity Type Date # of Hours Activity Title Description Provider/Location

Section B Goals for next 3 years INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Describe how your Individual Plan (IPDP) is linked to the NH Department of Education Statewide Professional Development Master Plan or for employed Superintendents, your local Professional Development Master Plan.

PLEASE CHECK APPROPRIATE ANSWERS	YES	NO
*Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?		
** Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction that did not result in suspension or revocation of your Education Credential?		
Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
*Have you ever been investigated in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, Classroom Aid. or "Designated Volunteer" for allegations involving educator misconduct in New Hampshire or any other jurisdiction?		
*Are you currently under investigation in New Hampshire or any other jurisdiction related to allegations of educator misconduct against you while employed as (including, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel, Education Personnel or "Designated Volunteer" in any public school, private school, charter school, or public academy?		
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLAN	ATION	
*By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf *By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand the Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of I as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to rep violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educators://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code conduct.pdf I hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying accurate, and complete to the best of my knowledge.	Professional Fechnology, le of Condu , I understa ort a suspec leator crede	ls; (2) which ct may nd eted ential.
*SIGNATURE	*DATE	

DOE-BOC 4a



Bureau of Credentialing	g office dat only.
Date Received:	
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DOE RENEWAL FORM

Paraeducator I and II and Educational Interpreter and Transliterator License INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

ALL *Fields	s are Required				
Social Securit	ty Number *	-	EdID#	(if known)	
The applica	uit agrees that the social security number shall be used to search the $^{\rm b}$	National Association of State Directors fo	or Teacher Education and Captification (NASD/EC)* Clea	ringhouse in accordance with Ed 505 08(d) a	and RSA 21-N 9, 1Rsa
Name:][
	* First Name	MI	* Last Name	Prev	ious Name
*Gender:	Male Female	Other	*Date of Birth		
*Select Ethnic	city: (check one) American	Indian/Alaskan Na	tive Asian/Pacific Isla	ınder Hisp	panic
o Africa	n American/Non-Hispanic	White/Non-His	spanic Other/do n	ot wish to specify	Multi-ethnic
* Mailing A	Address:				
	Street / PO Box		City	State	Zip
	*Primary Telephone Numb	er Allow SMS	Text *Alterna	ite Telephone Numbe	Allow SMS/Text
_	*Primary Email Address		*Alter	nate Email Address	

Section A

Activity Title Description

Provider/Location

(indicate if Professional Development already entered online in EIS)

Activity Type

Date

of Hours

50 Continuing Education Units of related professional development activities is required

Additional sheets may be attached if necessary

PLEASE CHECK APPROPRIATE ANSWERS	YES	NO
*Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?		
*Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction that did not result in suspension or revocation of your Education Credential?		
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
*Have you ever been investigated in your role as (including, but not limited to) an Educator, Education Personnel. Para-educator. Classroom Aid, or "Designated Volunteer" for allegations involving educator misconduct in New Hampshire or any other jurisdiction?		
*Are you currently under investigation in New Hampshire or any other jurisdiction related to allegations of educator misconduct against you while employed as (including, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel, Education Personnel or "Designated Volunteer" in any public school, private school, charter school, or public academy?		
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANA	TION	
*By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf *By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Profession and Education Profession Pr	ofessional	ls; (2)
Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Tecas as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to repor violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educators://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf	of Conduction of	et may nd eted
I hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying of accurate, and complete to the best of my knowledge.	locumenta	ition, is true,
*SIGNATURE	*DATE	



Bureau of Cred	entialing office use only;
Date Received:	<u> </u>
Fee amount:	
Check#:	

License Renewal Form for School Nurse I, II, and III

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

ALL *Fields are Required	
Social Security Number *	EdID# (if known)
The applicant agrees that the social security number shall be used to search the National Association of State Directors for Teacher Education	and Certification (NASI/TECI* Clearinghouse in accordance with Fd 505 08(d) and RSA 21-N 9. IIIii
Name:	D 1 N
* First Name MI * I	ast Name Previous Name
*Gender: Male Female Other *Da	te of Birth
*Select Ethnicity: (check one) American Indian/Alaskan Native	Asian/Pacific Islander Hispanic
African American/Non-Hispanic White/Non-Hispanic	Other/do not wish to specify Multi-ethnic
* Mailing Address:	
Street / PO Box	City State Zip
*Primary Telephone Number Allow SMS/Text	*Alternate Telephone Number Allow SMS/Test
	-
*Primary Email Address	*Alternate Email Address
License Renewal: Please Check one	
School Nurse I	
School Nurse I- Please submit a verification of enrollment in a BSN program wit	han expected completion date within 6 years of date of hire
School Nurse II	Tall emported date within a your or date of the
School radise II	
School Nurse III	

Section A

(indicate if Professional Development already entered online in EIS)

Activity Type

Date

of Hours

45 Continuing Education Units of School Nurse related professional development activities is required

Activity Title Description

Provider/Location

Additional sheets may be attached if necessary.

PLEASE CHECK APPROPRIATE ANSWERS	YES	NO
*Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?		
*Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction that did not result in suspension or revocation of your Education Credential?		
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
*Have you ever been investigated in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, Classroom Aid, or "Designated Volunteer" for allegations involving educator misconduct in New Hampshire or any other jurisdiction?		
*Are you currently under investigation in New Hampshire or any other jurisdiction related to allegations of educator misconduct against you while employed as (including, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel. Education Personnel or "Designated Volunteer" in any public school, private school, charter school, or public academy?		
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANA	ATION	
*By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf		
*By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational P Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of To as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to repoviolation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educators://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf	rofessional echnology, e of Condu I understa rt a suspec	ls; (2) which ct may nd cted
hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying accurate, and complete to the best of my knowledge.	documenta	ition, is true,
*SIGNATURE	*DATE	



State of New Hampshire, Department of Education Bureau of Credentialing

25 Hall Street Concord, N.H. 03301 Click here for the Help Desk

For	Bureau	of	Credentialing	use	only:

Date Received:

EMERGENCY AUTHORIZATION (EA)

ALL *Fields are Required					
Social Security Number *		Ed ID # (if known			
The applicant agrees that the aocial security number shall be used to search the "National Association of the applicant agrees that the aocial security number shall be used to search the "National Association of the applicant agrees that the aocial security number shall be used to search the "National Association".	ion of State Directors for Tracher Educa	tion and Certification (NASDTEC). Clearinghouse in acc	ordance with Ed 505 08(d) and RSA 21-N 9, II(s)		
Name: * First Name		* Last Name	Former name		
and the state of t	¥#1	E EJOST I TOGETHE			
*Gender: Male Female	*D	ate of Birth			
* Mailing Address:					
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Street / PO Box		City St	ate Zip		
* Primary Telephone Number		*Alternate T	elephone Number		
*Primary Email Address		* Alternate	Email Address		
Timaty Elian Addition		Antinate	Ellian Audi C33		
Information from Employer:					
* Date of Hire		*Major Assignment Endorsem	ent Area		
* Is this a Title I School? YES NO.	* Is this a Title I	Position? YES NO			
* SAU # or Agency Name		* School Name			
An Emergency Authorization is not a license and s	hall not be renewable	. Employment by the SAU is au	uthorized for the above individual		
for one school year.					
Sch	ool Year		_		
*Print Name: Senior Educational Official	*Date	* Senior Educational C	Official Signature		
School Email Address	*Date	Authorized NHDOE C	redentialing Signature		

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ee amount:	
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APPLICATION -EMERGENCY AUTHORIZATION (EA)

This is not an application for licensure.

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

Please also submit with this form a transcript with registrar's signature conferring at least a Bachelor's degree.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Important Notice

If you are a first time applicant you must complete the Criminal History Records Check (CHRC) application and submit a copy of your Driver's License with this application.

A first time applicant is one who has never held a credential in New Hampshire including but not limited to BEL, EEL, IPLA, IA, EA, SOE, PARA, School Nurse, and MTL ALL *Fields are Required EdID # (if known) Social Security Number * nation of State Directors for Teacher Education and Certification (NASDTEC)* Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N 9, II(s) Name: * First Name MI * Last Name **Previous Name** Other Female *Gender: Male *Date of Birth Hispanic Asian/Pacific Islander *Select Ethnicity: (check one) American Indian/Alaskan Native White/Non-Hispanic Other/do not wish to specify Multi-ethnic African American/Non-Hispanic * Mailing Address: Street / PO Box City State Zip Allow SMS/Text *Primary Telephone Number *Alternate Telephone Number Allow SMS/Text *Alternate Email Address *Primary Email Address *COLLEGE INFORMATION DEGREE **COLLEGE** MAJOR DATE GRANTED STATE

individual for one school year.		
Emergency Authorization School Year		
PLEASE CHECK APPROPRIATE ANSWERS	YES	NO
*Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?		
*Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction that did not result in suspension or revocation of your Education Credential?		
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
*Have you ever been investigated in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, Classroom Aid, or "Designated Volunteer" for allegations involving educator misconduct in New Hampshire or any other jurisdiction?		
*Are you currently under investigation in New Hampshire or any other jurisdiction related to allegations of educator misconduct against you while employed as (including, but not limited to) an Educator. Para-educator. Classroom Aid. Transportation Personnel, Education Personnel or "Designated Volunteer" in any public school, private school, charter school, or public academy?		
*By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_ethics.pdf		
*By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Professional Professiona	ofessionals; hnology, w of Conduct understand t a suspecto tor creden	(2) /hich t may d ed tial.
*SIGNATURE	*DATE	

An Emergency Authorization is not a license. Employment by the SAU is authorized for the above



Bureau of Credentialing Use Only Date Received			

IN PROCESS OF LICENSURE AUTHORIZATION (IPLA)
School Year
ALL *Fields are Required
Information from Candidate
ocial Security Number * EdID # (if known)
The applicant agrees that the social security number shall be used to search the "National Association of State Directors for Teacher Education and Certification (NASDTEC)" Cleaninghouse in accordance with Ed 505 08(d) and RSA 21-80 9. Ilis) [ame:
* First Name MI * Last Name Previous Name
Gender: Male Female Other *Date of Birth ect Ethnicity: (check one) American Indian/Alaskan Native Asian/Pacific Islander Hispanic African American/Non-Hispanic White/Non-Hispanic Other/do not wish to specify Multi-ethnic
Mailing Address:
Street / PO Box City State Zip
*Primary Telephone Number Allow SMS/Text *Alternate Telephone Number Allow SMS/Text
*Primary Email Address *Alternate Email Address

Page 1 of 2
TDD ACCESS: RELAY NH 711
EQUAL OPPORTUNITY EMPLOYER – EQUAL EDUCATIONAL OPPORTUNITIES

full licensure upon receipt of passing test scores as indicated below.
Date of Hire Major Assignment Endorsement Area
SAU# or Agency Name School Name
Praxis Core Test Scheduled (Provide Date)
Praxis Content Test Scheduled (Provide Date and Test Number)
Pearson's Foundations of Reading Test Scheduled (Provide Date)
Please visit Credentialing HD Knowledge Base to find out more about test center closure status and remote testing options.
THIS FORM ALLOWS THE CANDIDATE UP TO ONE SCHOOL YEAR TO COMPLETE THE LICENSURE PROCESS.
AN IPLA IS NOT RENEWABLE.
THIS IPLA IS ISSUED FOR THE SCHOOL YEAR AN IPLA IS NOT RENEWABLE.
Email for SAU receipt of finalized form
*Print Name: Senior Educational Official Date *Senior Educational Official Signature

We have confirmed with the Department of Education Credentialing Office that this candidate has applied/paid the fee for full licensure. This candidate has been found by the Credentialing Office to be eligible for issuance of

Information from Employer

IF YOU FAX or EMAIL THIS FORM, PLEASE DO NOT ALSO MAIL THE ORIGINAL

Authorized NHDOE Credentialing Signature

Date

Page 2 of 2
TDD ACCESS: RELAY NH 711
EQUAL OPPORTUNITY EMPLOYER – EQUAL EDUCATIONAL OPPORTUNITIES

DOE-BOC 7 March 2024



Bureau of Crede	entialing office use only:
Date Received:	
Fee amount:	
Check#:	<u></u> ;

PARAEDUCATOR LICENSE APPLICATION

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Important Notice

If you are a first time applicant you must complete the Criminal History Records Check (CHRC) application and submit a copy of your Driver's License with this application.

	License with this application. A first time applicant is one who has never held a c	redential in New Hampshire includ	ing but not limited to BEL, EEL,	IPLA, IA, EA, SOE, PARA, School Nu	rse, and MTL
ALL *Fields 2	are Required			_	
Social Security	Number *	<u> </u>	7	EdID # (if known)	
The applica	int agrees that the social security number shall be used to search	the "National Association of State Directors	for Teacher Education and Certification (N	ASDTECT Clearinghouse in accordance with Ed	505 0#(d) and RSA 21-N 9, II(s)
Name:					
	* First Name	MI	* Last Name	I	Previous Name
*Gender:	Male Female	Other	*Date of Birth		
Select Ethnicit	ty: (check one)America	n Indian/Alaskan Nat	ive Asian/Paci	ific Islander	Hispanic
African	American/Non-Hispanic	White/Non-His	panic Othe	er/do not wish to specify	Multi-ethnic
* Mailing Ad	ldress:				
	Street / PO Box		City	Stat	te Zip
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		<u> </u>			
	*Primary Email Addres	s		*Alternate Email Addr	ess
EDUCATIONAL	L INFORMATION				
DEGREE	School	STATE M	AJOR		DATE GRANTED
1 11					

PLEASE CHECK WHICH PARAEDUCATOR LEVEL YOU ARE REQUESTING:

Paraeducator I:	Submit a copy of High School Diploma or GED with the application.		
	Submit the documents described in ONE of the following options. Official college transcript of Associate's or Bachelor's degree conferred OR showing a minimum of	of 48 colleg	e credits.
Paraeducator II:	OR Official High School transcript in a school sealed envelope OR copy of High School Diploma or G passing scores for the ParaPro Assessment Praxis test or equivalent.	ED AND A	A copy of
	OR Official High School transcript in a school sealed envelope OR copy of High School Diploma or G AND	ED	
	Assessment of Candidate's Strengths and Professional Development Needs form. All competencies met with evidence indicated in the assessment column. Activities used as evidence must be at the color English and Math must be at the second year college level. All documentation of evidence indicating how all competencies have been met.		
PLEASE CHECK APPROPRI	IATE ANSWERS	YES	NO
	or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
Have you had any type of Educ	ration Credential suspended or revoked in New Hampshire or any other jurisdiction?		
	on related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction or revocation of your Education Credential?		
Have you ever surrendered any	Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
	d in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, Volunteer" for allegations involving educator misconduct in New Hampshire or any other		
gainst you while employed as (i	gation in New Hampshire or any other jurisdiction related to allegations of educator misconduct including, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel, ated Volunteer" in any public school, private school, charter school, or public academy?		
IF YOU ANSWER	RED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANA	TION	
*By checking th	is box, I certify that I have read the Educator Code of Ethics.		
*By checking this Code of Conduct,	ation.nh.guv/sites/g/files/ehbemt326/files/inline-documents/code_ethics.pdf box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Pr tudents; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Tec	ofessionals	i; (2)
as a certified educi result in a written that pursuant to E violation of the Ed	ator, I am obligated to follow. A founded violation of any of the principles of the Educator Code reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I d 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report ucator code of conduct may result in a written reprimand, suspension or revocation of my Education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code conduct.pdf	of Conduc understan t a suspect	t may id ed
inchan an arease	and the state of t		
hereby certify that I am the ind accurate, and complete to the be	lividual listed in this application, and that all information provided herein, including all accompanying est of my knowledge.	documenta	ition, is true.
	*SIGNATURE	*DATE	

DOE-BOC 8 Page 2 of 2 March 2024



Bureau of Credentialin	g office use only:
Date Received:	
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SCHOOL NURSE APPLICATION

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Important Notice

If you are a first time applicant you must complete the Criminal History Decards Check (CHDC) application and submit a copy of

•	e a first time applic er's License with t	his application.	_		ot limited to BEL, EEL, IP			
Social Secu	ds are Required rity Number * applicant agrees that the social security	number chall be used to send the	ne National Association of State	Discount for Leviller		ID # (if known)	oce with Ed 505 0866	ts and RSA 71.N + life
Name:						They cranighous around		
	* First N : Male sicity: (check one) can American/Non-	Female American	MI Other Indian/Alaskan White/Non-	*Da	ast Name te of Birth Asian/Pacific Other/d	Islander [Hispa	ous Name anic Multi-ethnic
* Mailing		/ PO Box			City		State	Zip
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C <mark>OLLEGE I</mark> DEGREE	NFORMATION COLLEGE		STATE	MAJOR				DATE GRANTED
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Application Type (Please check one)

	S	school Nurse I:	Submit an official transcript (Associate's nursing degree level or higher), a copy of a valid Hampshire issued RN license, an employer verified letter showing 3 years of clinical pedia nursing or related work experience under a valid RN license. **Must be enrolled in a Nursing Program leading to a BSN within 6 years of hire.		
	Sc	hool Nurse III:	Submit an official transcript (Bachelor's nursing degree level or higher), a copy of a valid Hampshire BSN RN license, an employer verified letter showing 3 years of clinical pediat nursing or related work experience under a valid BSN RN license.		
PLEAS	E CI	IECK APPROPRIA	ATE ANSWERS	YES	NO
			r charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
*Have y	you ł	nad any type of Educa	ntion Credential suspended or revoked in New Hampshire or any other jurisdiction?		
			n related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction revocation of your Education Credential?		
*Have y	you e	ver surrendered any	Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
	om A	id, or "Designated V	d in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, folunteer" for allegations involving educator misconduct in New Hampshire or any other		
against	you	while employed as (ir	gation in New Hampshire or any other jurisdiction related to allegations of educator misconduct acluding, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel, ted Volunteer in any public school, private school, charter school, or public academy?		
	IF	YOU ANSWER	ED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANA	ΓΙΟΝ	
]	https://www.educat*By checking this b Code of Conduct, E Responsibility to St as a certified educat result in a written r that pursuant to Ed violation of the Edu	s box, I certify that I have read the Educator Code of Ethics. tion.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf ox, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that d 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Productions; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Tector, I am obligated to follow. A founded violation of any of the principles of the Educator Code eprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report cator code of conduct may result in a written reprimand, suspension or revocation of my Education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code conduct.pdf	ofessionals chnology, v of Conduc understan t a suspect	; (2) which t may d ed
		tify that I am the indi d complete to the bes	vidual listed in this application, and that all information provided herein, including all accompanying tof my knowledge.	documenta	tion, is true.
			*SIGNATURE	*DATE	



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Name Change Request

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

OLD INFORMATION

<u>I have changed my:</u> Name		Address	
Former Name on file*			
ALL *Fields are Required Social Security Number * The applicable agrees that the social security number shall be used to security.	atch the "National Association of State Directors to	EdID # (if known) r Teacher Education and Certification (NASDTEC)* C	Seatinghouse in accordance with Ed 505 (PX(d) and RSA 21-N 9, IR(s)
New Name:			
* First Name	MI *	Last Name	Previous Name
*Gender: Male Female *Select Ethnicity: (check one) American African American/Non-Hispanic	Other*[Indian/Alaskan Native [White/Non-Hispanic	Oate of Birth Asian/Pacific Islando C Other/do not v	
* Mailing Address:			
Street / PO Box		City	State Zip
*Primary Telephone Numbe	r Allow SMS/Text	*Alternate	Felephone Number Allow SMS/Text
*Primary Email Address		*Alternat	e Email Address

PLEASE CHECK APPROPRIATE ANSWERS	YES	NO
*Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or an other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)	у	
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?		
*Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction that did not result in suspension or revocation of your Education Credential?		
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
*Have you ever been investigated in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, Classroom Aid, or "Designated Volunteer" for allegations involving educator misconduct in New Hampshire or any other jurisdiction?		
*Are you currently under investigation in New Hampshire or any other jurisdiction related to allegations of educator misconduct against you while employed as (including, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel. Education Personnel or "Designated Volunteer" in any public school, private school, charter school, or public academy?		
*By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf		
https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf *By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand the Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational I Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of T as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code	Professionals; `echnology, w le of Conduct	(2) rhich may
result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to rep violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Edu https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf	ort a süspecti	ed
I hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanyis accurate, and complete to the best of my knowledge.	ng documenta	tion. is true
*SIGNATURE	*DATE	



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APPLICATION -Educational Interpreter and Transliterator for Children and Youth ages 3-21 Inclusive

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Important Notice

If you are a first time applicant you must complete the Criminal History Records Check (CHRC) application and submit a copy of your Driver's License with this application.

A first time applicant is one who has never held a credential in New Hampshire including but not limited to BEL, EEL, IPLA, IA, EA, SOE, PARA, School Nurse, and MTL

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Educational interpreter/transliterator" means a person licensed by the board who facilitates communication between individuals who are deaf or hard of hearing, or who use signed language as a primary mode of communication, and individuals who are hearing;

PLEASE CHECK APPROPRIATE ANSWERS YES NO *Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.) *Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction? *Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction that did not result in suspension or revocation of your Education Credential? *Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action? *Have you ever been investigated in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, Classroom Aid, or "Designated Volunteer" for allegations involving educator misconduct in New Hampshire or any other jurisdiction? *Are you currently under investigation in New Hampshire or any other jurisdiction related to allegations of educator misconduct against you while employed as (including, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel, Education Personnel or "Designated Volunteer" in any public school, private school, charter school, or public academy? IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION *By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf *By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that the Educator Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Professionals; (2) Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Technology, which as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code of Conduct may result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I understand that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report a suspected violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educator credential. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code conduct.pdf I hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying documentation, is true. accurate, and complete to the best of my knowledge. *SIGNATURE *DATE



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ate Received:	
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APPLICATION -CREDENTIAL VERIFICATION REQUEST

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

This is not an application for licensure

ATT APPLIES DO NOT THE	
ALL *Fields are Required Social Security Number *	EdID # (if known)
The applicant agrees that the social security number shall be used to search the National Association of State Directors for Teach	er Excellence and Certification (NASDTEC)* Clearinghouse in accordance with Ed 505 (08(d) and RSA 21-N 9. Ils)
Name:	
	* Last Name Previous Name
*Gender: Male Female Other * *Select Ethnicity: (check one) American Indian/Alaskan Native	Date of Birth Asian/Pacific Islander Hispanic
African American/Non-Hispanic White/Non-Hispani	c Other/do not wish to specify Multi-ethnic
* Mailing Address:	
Street / PO Box	City State Zip
*Primary Telephone Number Allow SMS/Text	*Alternate Telephone Number Allow SMS/Text
*Primary Email Address	*Alternate Email Address
OLLEGE INFORMATION	
DEGREE COLLEGE STATE	MAJOR DATE GRANTED
hereby certify that I am the individual listed in this application, and that all infor accurate, and complete to the best of my knowledge.	mation provided herein, including all accompanying documentation. is true
*SIGNATURE	*DATE



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Date Received:	
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APPLICATION FOR LICENSURE -DEMONSTRATED COMPETENCIES

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Important Notice

•	first time applican 's License with thi A first time applicant is one	s application.		·				а ѕирти а сору от
ALL *Field	ls are Required			A.Th				
	ity Number *		- [EdID # (if known)		
. Г	applicant agrees that the social securit	y number shall be used to search	the National Association of State	: Directors for Teacher	Excellence and Certification (NASDTEC Clearinghouse in a	occordance with Ed 505	68(d) and RSA 21-N 9 II(s)
Name:	* First N	ame	 	*1	ast Name		Prev	ious Name
	Male nnicity: (check one) an American/Non-		Other Indian/Alaskan White/Non-	Native	te of Birth Asian/Pacif	ic Islander /do not wish to		panic Multi-ethnic
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COLLEGE IN	NFORMATION							
DEGREE	COLLEGE		STATE	MAJOR				DATE GRANTED
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PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY Example: Life Science (DCNR); Upper Level Mathematics (DCEX); Principal (DCTA)

DCNR National/Regional License DCEX Experience Out-of-State DCTA Transcript Analysis		
	:	
PLEASE CHECK APPROPRIATE ANSWERS	YES	NO
*Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?		
*Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction hat did not result in suspension or revocation of your Education Credential?		
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
*Have you ever been investigated in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, Classroom Aid, or "Designated Volunteer" for allegations involving educator misconduct in New Hampshire or any other urisdiction?		
*Are you currently under investigation in New Hampshire or any other jurisdiction related to allegations of educator misconduct against you while employed as (including, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel. Education Personnel or "Designated Volunteer" in any public school, private school, charter school, or public academy?		
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANA	TION	
*By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_ethics.pdf		
*By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Pr Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Tecas a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educators://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf	ofessionals chnology, of Conduct understar t a suspect	s; (2) which ct may nd ted
hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying accurate, and complete to the best of my knowledge.	documenta	ation, is true
*SIGNATURE	*DATE	



Bureau of Cred	entialing office use only:
Date Received:	.
Fee amount:	
Check #:	

APPLICATION FOR PORTFOLIO AND ORAL BOARD REVIEW

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Important Notice

If you are a first time applicant you must complete the Criminal History Records Check (CHRC) application and submit a copy of your Driver's License with this application.

A first time applicant is one who has never held a credential in New Hampshire including but not limited to BEL, EEL, IPLA, IA, EA, SOE, PARA, School Nurse, and MTL

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ALL *Fiel	lds are Required			
	urity Number *	"National Association of Mate Directors for		D # (if known) inghouse in accordance with #4 505 08(d) and RNA 21-84 9. Him
Name:			<u> </u>	
	* First Name	MI	* Last Name	Previous Name
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_	*Primary Email Add	ress	*A	lternate Email Address
COLLEGE	INFORMATION			
DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY Example: Life Science (DCPOB)

DCPOB Demonstrated Competencies portfolio oral board

PLEASE CHECK APPROPRIATE ANSWERS	YES	NO
*Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)	Cis.	
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?		
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IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANA	ATION	
*By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf *By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that	at the Ednes	tor
Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational P Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of T as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Cod result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report in a written reprimand, suspension or revocation of my Educators://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf	rofessionals echnology, v e of Conduc I understan ort a suspect	s; (2) which et may id
I hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying accurate, and complete to the best of my knowledge.	z documenta	ntion, is true.
*SIGNATURE	*DATE	



Bureau of Crede	entialing office use only:
Date Received:	
Fee amount:	
Check#:	

Intern Authorization Application INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing. PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees. Your Site-Based Licensing plan for has been submitted. (endorsement to be filled in by applicant) **ALL *Fields are Required** EdID # (if known) Social Security Number * te Directors for Teacher Education and Certification (NASDTEC). Clearinghouse in accordance with Ed 505 (08(d) and RSA 21-N 9. Ilis) The applicant agrees that the social security number shall be used to search the National Association of Name: * First Name MII * Last Name **Previous Name** Other **Female** *Date of Birth *Gender: Male Hispanic Asian/Pacific Islander *Select Ethnicity: (check one) American Indian/Alaskan Native White/Non-Hispanic Other/do not wish to specify African American/Non-Hispanic Multi-ethnic * Mailing Address: Street / PO Box City State Zip *Primary Telephone Number Allow SMS/Text *Alternate Telephone Number Allow SMS/Text *Alternate Email Address *Primary Email Address

*COLLEGE INFORMATION

DEGREE COLLEGE	STATE MAJOR	DATE GRANTED

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY Example: Life Science (SBLP)

SBLP Site Based Licensing Plan

	_	
LEASE CHECK APPROPRIATE ANSWERS	YES	NO
Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any ther jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?		
Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction nat did not result in suspension or revocation of your Education Credential?		
Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
Have you ever been investigated in your role as (including, but not limited to) an Educator, Education Personnel, Para-educator, lassroom Aid, or "Designated Volunteer" for allegations involving educator misconduct in New Hampshire or any other prisdiction?		
Are you currently under investigation in New Hampshire or any other jurisdiction related to allegations of educator misconduct gainst you while employed as (including, but not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel, ducation Personnel or "Designated Volunteer" in any public school, private school, charter school, or public academy?		
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANA	TION	
*By checking this box, I certify that I have read the Educator Code of Ethics.		
*By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Pr Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Teas a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educator. https://www.education.nh.gov/sites/g/files/chbemt326/files/inline-documents/code conduct.pdf	ofessionals chnology, v of Conduc understant t a suspect	s; (2) which ct may ad ted
hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying ccurate, and complete to the best of my knowledge.	documenta	ation, is true
*SIGNATURE	*DATE	



Bureau of Crede	entialing office use only
Date Received:	<u> </u>
Fee amount:	
Check#:	

Site-Based Licensing Plan Completer Application INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing. PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees. has been submitted. Your Site-Based Licensing plan for (endorsement to be filled in by applicant) ALL *Fields are Required EdID # (if known) Social Security Number * of State Directors for Teacher Education and Certification (NASDTEC)* Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N 9. II(s) The applicant agrees that the social security in Name: * First Name МІ * Last Name Previous Name Other Male **Female** *Date of Birth *Gender: Hispanic Asian/Pacific Islander American Indian/Alaskan Native *Select Ethnicity: (check one) White/Non-Hispanic Other/do not wish to specify Multi-ethnic African American/Non-Hispanic * Mailing Address: Street / PO Box City State Zip Allow SMS/Text *Primary Telephone Number Allow SMS/Text *Alternate Telephone Number *Alternate Email Address *Primary Email Address *COLLEGE INFORMATION STATE MAJOR DATE GRANTED **DEGREE COLLEGE**

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY Example: Life Science (SBLP)

SBLP Site Based Licensing Plan

LEASE CHECK APPROPRIATE ANSWERS	YES	NO
Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any ther jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
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Have you had a corrective action related to an Educator Credential imposed upon you in New Hampshire or any other jurisdiction hat did not result in suspension or revocation of your Education Credential?		
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IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANA	TION	
*By checking this box, I certify that I have read the Educator Code of Ethics.		
https://www.education.nh.gov/sites/g/files/chbemt326/files/inline-documents/code_cthics.pdf *By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that	the Educa	itor
Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Profession and Educational Profession and Educational Profession Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Teas a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educators://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code conduct.pdf	chnology, v of Conduc understan rt a suspect	which et may id ted
		J
hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying accurate, and complete to the best of my knowledge.	documenta	ation, is true
*SIGNATURE	*DATE	
SIGNATURE	DATE	



Bureau of Credent	ialing office use only
Date Received:	675 1987 7
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Check#:	

Criminal History Record Check Clearance

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.

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			•		
ALL *Field	ls are Required				
Social Secur	ity Number *		Ec	IID # (if known)	
The applic	ant agrees that the social security number shall be used to search	the National Association of State Direct	ors for Teacher Education and Certification (NASDTE	C)" Clearinghouse in accordance with Ed 505 08(d)	and RSA 21-N 9, 18(s)
Name:					
	* First Name	MI	* Last Name	Pre	vious Name
*Gender:	Male Female	Other	*Date of Birth		
*Select Eth	nicity: (check one) Ameri	can Indian/Alaskan	Native Asian/Pacific	: Islander His	panie
Afric	an American/Non-Hispanic	White/Non-	Hispanic Other/	do not wish to specify	Multi-ethnic
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COLLEGE I	NFORMATION				
DEGREE	COLLEGE	STATE	MAJOR		DATE GRANTED
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Application Type

Is this a new Application or Re	enewal? Please check one New Applicant Renewal		
School Bus Driver	Submit this application, a copy of a valid drivers license, and fee. All applicants for school bus driver licensure are subject to a criminal history re accordance with RSA 189:13-b.	cords che	ck in
Ed Prep Program Candidates Institution Name:	Submit this application, a government issued ID, and fee. All Educational Preparation Program candidates are subject to a criminal history records check in accordance with RSA 189:13-a.c.	;	
PLEASE CHECK APPROPRIATE ANSW	VERS	YES	NO
	ending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any with the exception of DWI and drug related motor vehicle offenses are not reportable.)		
*Have you had any type of Education Creder	ntial suspended or revoked in New Hampshire or any other jurisdiction?		
*Have you had a corrective action related to that did not result in suspension or revocation	an Educator Credential imposed upon you in New Hampshire or any other jurisdiction of your Education Credential?		
*Have you ever surrendered any Educator Ci	redential in New Hampshire or any other jurisdiction to settle a disciplinary action?		
	le as (including, but not limited to) an Educator. Education Personnel, Para-educator, or allegations involving educator misconduct in New Hampshire or any other		
against you while employed as (including, bu	w Hampshire or any other jurisdiction related to allegations of educator misconduct at not limited to) an Educator, Para-educator, Classroom Aid, Transportation Personnel, eer in any public school, private school, charter school, or public academy?		
IF YOU ANSWERED YES	TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANA	ΓΙΟΝ	
https://www.education.nh.gov *By checking this box, I certify Code of Conduct, Ed 510 sets to Responsibility to Students; (3) as a certified educator, I am obtained that pursuant to Ed 510.05, I he violation of the Educator code https://www.education.nh.gov	rtify that I have read the Educator Code of Ethics. /sites/g/files/ehbemt326/files/inline-documents/code ethics.pdf y that I have read the Educator Code of Conduct. In so certifying, I understand that forth 4 Principles: (1) Responsibility to the Education Profession and Educational Pro Responsibility to the School Community; and (4) Responsible and Ethical Use of Tec bligated to follow. A founded violation of any of the principles of the Educator Code suspension or revocation of my Educator credential. Additionally, in so certifying, I have a duty to report any suspected violation of the code of conduct. Failure to repor of conduct may result in a written reprimand, suspension or revocation of my Educa //sites/g/files/ehbemt326/files/inline-documents/code conduct.pdf I in this application, and that all information provided herein, including all accompanying syledge	ofessionals thnology, v of Conduc understan t a suspect tor creden	s; (2) which at may d d ted ntial.
and complete to the best of my kno	meage.		
	*SIGNATURE	*DATE	



Bureau of Crede	entialing office use only:
Date Received:	
Fee amount:	
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Criminal History Record Check Clearance First time NH licenses only

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ALL *Field	ds are Required				
Social Secu	rity Number *	- [EdID # (id	known)	
The apple	cant agrees that the social security number shall be used to search the 3	dational Association of State Directors fo	r Teacher Education and Certification (NASDTEC)* Clearing	house in accordance with Ed 505 08(d) and RS/	\ 21-N 9. fl(s)
Name:			-		
	* First Name	MI	* Last Name	Previous	Name
Afr	Male Female hnicity: (check one) American ican American/Non-Hispanic g Address:	Other		nder Hispan	ic Multi-ethnic
L	Street / PO Box		City	State	Zip
	*Primary Telephone Numbe	er Allow SMS	*Alternate	Telephone Number	Allow SMS/Text
L	*Primary Email Address		*Alterna	te Email Address	

PLEASE CHECK APPROPRIATE ANSWERS	YES	NO
*Have you ever been convicted or charged pending disposition of a Class A Misdemeanor or ANY Felony in New Hampshire or any		
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IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION		
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I hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying a true, accurate, and complete to the best of my knowledge. By signing this document I agree that I am subject to a criminal history reconsider accordance with RSA 189:13-c as well as a check for findings of abuse on the Division for Children Youth & Families (DCYF) central RSA 169:C-35, and subject to other states central registry lists. I understand that the central registry check will identify whether there a allegations of child abuse against me and/or the existence of any open child abuse investigations, where I have been identified as an allegatid abuse. Further, I understand that any investigatory reports related to such substantiated allegations and/or open investigations may of this application. By executing this agreement, I hereby waive the time limits prescribed by RSA 541-A:29 and acknowledge that this be deemed approved or granted prior to the agency's actual receipt and review of my Criminal History Record Check.	rds check i I registry p tre any sub eged perpe be receive	in oursuant to estantiated etrator of ed as part
*SIGNATURE *DA	TE	