

13961, (eff 5-10-24)

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;

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(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 Transliterater 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.

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(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

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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.”



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

APPLICATION -STATEMENT OF ELIGIBILITY (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 BEL, EEL, IPLA, IA, EA, SOE, PARA, School Nurse, and MTL

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 (NASDTEC) "Cleanhouse" in accordance with Ed 505 08(d) and RSA 21-N 9, II(a)

Name:
 * First Name MI * Last Name Previous Name

* Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate Email Address

*COLLEGE INFORMATION

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY
(example: Biology (SHORT); Mathematics (CLGRCS); Elementary Education (EEEE8) ;Health Science (CTESA))**

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

EEEECE Elementary Education K-6 or Early Childhood Education

EEK8 Elementary Education K-8

NEWEND New Endorsement

NOPATH No other Available

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.)	<input type="checkbox"/>	<input type="checkbox"/>
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	*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
<input type="checkbox"/>	*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



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

Fee 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 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

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 (NASDTEC)" Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N 9, II(s)

Name:

* First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate Email Address

***COLLEGE INFORMATION**

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.)	<input type="checkbox"/>	<input type="checkbox"/>
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	<p>*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</p>
<input type="checkbox"/>	<p>*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</p>

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



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

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 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 (NASDTEC)" Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N 9, II(a)

Name:

* First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate Email Address

If you have entered your Professional Development online in EIS and are using this form to pay by check/money order or with cash at the office, please enter "COMPLETED ONLINE" in Section A Sections B (Individual Professional Development Plan - IPDP)

Section A

(indicate if Professional Development already entered online in EIS)

30 Continuing Education Units specific to each endorsement Additional sheets may be attached if necessary.

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

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
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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 EXPLANATION

<input type="checkbox"/>	*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
<input type="checkbox"/>	*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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 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

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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 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 (NASDTEC)" Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N 9: II(6)

Name:
 * First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate Email Address

Section A

(indicate if Professional Development already entered online in EIS)

50 Continuing Education Units of related professional development activities is required

Additional sheets may be attached if necessary

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

<input type="checkbox"/>	*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
<input type="checkbox"/>	*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



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

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 (NASDTEC) Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N 9: II(b)

Name:

* First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*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 with an expected completion date within 6 years of date of hire

School Nurse II

School Nurse III

Section A
(indicate if Professional Development already entered online in EIS)
45 Continuing Education Units of School Nurse related professional development activities is required

Additional sheets may be attached if necessary.

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

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.) YES NO
- *Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction? YES NO
- *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? YES NO
- *Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action? YES NO
- *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? YES NO
- *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? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	*By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbcm326/files/inline-documents/code_ethics.pdf
<input type="checkbox"/>	*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/ehbcm326/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



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 social security number shall be used to search the National Association of State Directors for Teacher Education and Certification (NASDTEC) Clearinghouse in accordance with Ed 505 006(d) and RSA 21-N 9: II(a)

Name:

* First Name MI * Last Name Former name

*Gender: Male Female *Date of Birth

* Mailing Address:

Street / PO Box City State Zip

* Primary Telephone Number *Alternate Telephone Number

*Primary Email Address *Alternate Email Address

Information from Employer:

* Date of Hire *Major Assignment Endorsement 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 shall not be renewable. Employment by the SAU is authorized for the above individual for one school year.

School Year

*Print Name: Senior Educational Official *Date * Senior Educational Official Signature

School Email Address *Date Authorized NHDOE Credentialing Signature

An Emergency Authorization is not a license. Employment by the SAU is authorized for the above 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.)	<input type="checkbox"/>	<input type="checkbox"/>
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	<p>*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</p>
<input type="checkbox"/>	<p>*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</p>

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



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, N.H. 03301
[Click here for the Help Desk](#)

Bureau of Credentialing Use Only

Date Received

IN PROCESS OF LICENSURE AUTHORIZATION (IPLA)

School Year

ALL *Fields are Required

Information from Candidate

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 (NASDTEC)" Clearinghouse in accordance with Ed 505 006(d) and RSA 21-N 9: 11(s)

Name:

* First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate Email Address

Information from Employer

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 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

Date

Authorized NHDOE Credentialing Signature

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



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

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.

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

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 (NASDTEC)" Clearinghouse in accordance with ED 505 0#(d) and RSA 21-N 9, II(s)

Name:

* First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate Email Address

***EDUCATIONAL INFORMATION**

DEGREE	School	STATE	MAJOR	DATE GRANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 48 college credits.
OR

Paraeducator II:

Official High School transcript in a school sealed envelope OR copy of High School Diploma or GED AND A copy of passing scores for the ParaPro Assessment Praxis test or equivalent.
OR

Official High School transcript in a school sealed envelope OR copy of High School Diploma or GED
AND

Assessment of Candidate's Strengths and Professional Development Needs form. All competencies must be checked as met with evidence indicated in the assessment column. Activities used as evidence must be at the college level. Evidence for English and Math must be at the second year college level.

All documentation of evidence indicating how all competencies have been met.

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.)	<input type="checkbox"/>	<input type="checkbox"/>
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	<p>*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</p>
<input type="checkbox"/>	<p>*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</p>

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



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

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

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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

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 (NASDTEC) Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N:11(f)

Name:

* First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate Email Address

***COLLEGE INFORMATION**

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application Type (Please check one)

School Nurse I: Submit an official transcript (Associate’s nursing degree level or higher), a copy of a valid New Hampshire issued RN license, an employer verified letter showing 3 years of clinical pediatric 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.**

School Nurse III: Submit an official transcript (Bachelor’s nursing degree level or higher), a copy of a valid New Hampshire BSN RN license, an employer verified letter showing 3 years of clinical pediatric nursing or related work experience under a valid BSN RN license.

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.)	<input type="checkbox"/>	<input type="checkbox"/>
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	*By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbem326/files/inline-documents/code_ethics.pdf
<input type="checkbox"/>	*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/ehbem326/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



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

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

I have changed my: Name Address

Former Name on file*

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 (NASDTEC)" Clearinghouse in accordance with Ed 505 098(d) and RSA 21-N 9, II(s)

*New Name:
 * First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate 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 other 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 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

<input type="checkbox"/>	<p>*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</p>
<input type="checkbox"/>	<p>*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</p>

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



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

APPLICATION -Educational Interpreter and Transliterater 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

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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

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 (NASDTEC) Clearinghouse in accordance with Ed 505 09(d) and RSA 21-N 9, (b)

Name:

* First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate Email Address

***COLLEGE INFORMATION**

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Educational interpreter/transliterater” 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.)	<input type="checkbox"/>	<input type="checkbox"/>
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	<p>*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</p>
<input type="checkbox"/>	<p>*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</p>

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



State of New Hampshire, Department of Education
 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

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

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 Excellence and Certification (NASDTEC)' Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N 9. 1(b)

Name:
 * First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address *Alternate Email Address

***COLLEGE INFORMATION**

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 *DATE



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 Bureau of Credentialing
 25 Hall Street
 Concord, NH 03301
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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

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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

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 Excellence and Certification (NASDTEC) Clearinghouse in accordance with Ed 503 68(d) and RSA 21-N 9 II(d)

Name:
 * First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date of Birth

*Select Ethnicity: (check one) American Indian/Alaskan Native Asian/Pacific Islander Hispanic
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Street / PO Box City State Zip

*Primary Telephone Number Allow SMS/Text *Alternate Telephone Number Allow SMS/Text

*Primary Email Address *Alternate Email Address

***COLLEGE INFORMATION**

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.)	<input type="checkbox"/>	<input type="checkbox"/>
*Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
*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?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	<p>*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</p>
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*SIGNATURE

*DATE

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.)	<input type="checkbox"/>	<input type="checkbox"/>
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*Have you ever surrendered any Educator Credential in New Hampshire or any other jurisdiction to settle a disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
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 25 Hall Street
 Concord, NH 03301
 Help Desk

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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

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 (NASDTEC) Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N 9: 11(a)

Name:
 * First Name MI * Last Name Previous Name

*Gender: Male Female Other *Date of Birth

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* Mailing Address:

Street / PO Box City State Zip

*Primary Telephone Number Allow SMS/Text *Alternate Telephone Number Allow SMS/Text

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*COLLEGE INFORMATION

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

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.)	<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

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 Help Desk

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

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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Important Notice

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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 (NASDTEC)" Clearinghouse in accordance with Ed 505 09(d) and RSA 21-N 9: 11(a)

Name:

* First Name

MI

* Last Name

Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address

*Alternate Email Address

***COLLEGE INFORMATION**

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application Type

Is this a new Application or Renewal? 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 records check in accordance with RSA 189:13-b.

Ed Prep Program Candidates

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.

Institution Name:

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.)	<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	<p>*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</p>
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*DATE



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 Concord, NH 03301
 Help Desk

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Criminal History Record Check Clearance
First time NH licenses only

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ALL *Fields are Required

Social Security Number *

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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)' Clearinghouse in accordance with Ed 505 08(d) and RSA 21-N 9. (11s)

Name:

* First Name

MI

* Last Name

Previous Name

*Gender: Male Female Other *Date 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/Text

*Primary Email Address

*Alternate 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 other jurisdiction? (Minor traffic violations with the exception of DWI and drug related motor vehicle offenses are not reportable.) YES NO
- *Have you had any type of Education Credential suspended or revoked in New Hampshire or any other jurisdiction? YES NO
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<input type="checkbox"/>	<p>*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</p>
<input type="checkbox"/>	<p>*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</p>

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. By signing this document I agree that I am subject to a criminal history records check in accordance with RSA 189:13-c as well as a check for findings of abuse on the Division for Children Youth & Families (DCYF) central registry pursuant to RSA 169:C-35, and subject to other states central registry lists. 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. By executing this agreement, I hereby waive the time limits prescribed by RSA 541-A:29 and acknowledge that this application will not be deemed approved or granted prior to the agency's actual receipt and review of my Criminal History Record Check.

 *SIGNATURE

 *DATE