



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

For Bureau of Credentialing use only:

Date Received: _____
 Fee amount: _____
 Check #: _____

Name Change Request

~ ~ ALL AREAS ARE REQUIRED TO BE COMPLETED ~ ~

Enclose non-refundable processing fee of \$ 50.00. 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.

Educator ID #: _____ **OR** Social Security Number (optional) _____

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 505.07(d)

Date of Birth _____

OLD INFORMATION:

I have changed my: Name Address

My former name on file is:

(please Type or Print clearly)

NEW INFORMATION:

Name: Last Former Name First MI

Are you: (check one) No, not Hispanic or Latino Yes, Hispanic or Latino

Teaching Experience – In-state

Teaching Experience – Out of State

Public Private

Public Private

*Mailing Address:

Street or PO Box City State Zip

Home Phone _____

Alternate Phone: _____

Primary Email address _____

Alternate Email address _____

PLEASE CHECK APPROPRIATE ANSWERS

Have you ever held a New Hampshire certificate?	Yes	No
If yes, what year did it expire		and under what name
*Have you ever been convicted of a felony?	Yes	No
*Have you ever had a teaching credential revoked?	Yes	No
*Have you ever surrendered your teaching credential in any other state or country?	Yes	No
*Are you currently being investigated in any other state?	Yes	No

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, 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