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 #: _____

APPLICATION FOR CREDENTIAL VERIFICATION REQUEST

This is not an application for licensure. Enclose **non-refundable** processing fee of $ 25.00. 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.

ALL *Fields are Required

Social Security Number(optional)   -   -   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 505.07(d)

Name:

     * First Name   MI   * Last Name   Former Name

Gender: **Male**   **Female**   *Date of Birth

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

What is your race? (Indicate one or more)

Number of Years of educator experience: In-State   **Number of Years of educator experience: Out of State**

  Public   **Private**   **Public**   **Private**

* Mailing Address:

   Street / PO Box   **City**   **State**   **Zip**

   * Primary Telephone Number   ***Alternate Telephone Number**

   *Primary Email Address   ***Alternate Email Address**

Verification Designee:

    Name: **Institution:**
* Mailing Address:

   Street / PO Box   **City**   **State**   **Zip**

*College Information

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED

*Educational Employment Record

	DATE(S)	STATE	DISTRICT	POSITION	ASSIGNMENT/SUBJECT	GRADE	CERTIFIED (Y/N)
A.							
B							
C.							
D.							
E.							
F.							
G.							

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