



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

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

APPLICATION FOR LICENSURE

EDUCATOR PREPARATION COMPLETER

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

PAYMENT: Enclose non-refundable processing fee of **\$120.00**.

Payment options: 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**

***COLLEGE INFORMATION**

DEGREE COLLEGE STATE MAJOR DATE GRANTED

***EDUCATIONAL EMPLOYMENT RECORD**

Include the last seven years (7) years only. Also enclose an original letter of verification from school system(s) where you were employed identifying your major teaching assignment(s).

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

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY
(example: Biology (AEPPNH); Mathematics (AEPPPOS));

AEPPNH- Approved Educator Preparation Program-New Hampshire
AEPPPOS- Approved Educator Preparation Program-Out-of-State

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

	<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> <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>
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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 documentation, is true, accurate, and complete to the best of my knowledge.

*SIGNATURE

*DATE

PLEASE NOTE: United States Postal Mail will NOT be forwarded if your address changes after we receive this form. You must notify us of your new address, and/or change of name. Credentials will NOT be mailed to your place of employment.