



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 #:	_____

Criminal History Record Check Clearance

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing. **Do not E-Mail this form.**

PAYMENT: Enclose non-refundable processing fee of \$100.00 Cash, money order, or check, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for return check fee.

(Please Type or Print Clearly)

PERSONAL INFORMATION:

Educator ID # _____ Social Security Number (optional): _____ Date of Birth _____

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)

Name: Last First MI Former Name

Mailing Address: Street Address City State Zip

Home Phone _____ Alternate Phone: _____

Primary Email address _____ Alternate Email address _____

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 \$100 fee.

All applicants for school bus driver licensure are subject to a criminal history records check in accordance with RSA 189:13-b.

Transportation Monitor Submit this application, government issued ID, and the \$100 fee.

All applicants for transportation monitor 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 the \$100 fee.

Institution Name: _____ All Educational Preparation Program candidates are subject to a criminal history records check in accordance with RSA 189:13-a,c.

PLEASE CHECK APPROPRIATE ANSWERS

Have you ever held a New Hampshire Criminal History Record Check Clearance?	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, 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. By signing this document I agree that I am subject to a criminal history records check in accordance with RSA 189:13-a,c. 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 Clearance.

*SIGNATURE

*DATE