



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 First time NH licensees only

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

Please submit a copy for your Drivers License or Government Issued ID with this application.

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 # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # (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 505.08(d)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Former Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address: Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Email address: \_\_\_\_\_ Alternate Email address: \_\_\_\_\_

**Pathway and Endorsement Applying for:**

**PLEASE CHECK APPROPRIATE ANSWERS:**

- |  |     |    |
|--|-----|----|
| *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](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](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-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. 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