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State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 <u>Click here for the Help Desk</u>

Bureau of Credentialing office use only:			
Date Received:			
Fee amount:			
Check #:			

APPLICATION FOR LICENSURE -DEMONSTRATED COMPETENCIES

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

PAYMENT: Enclose non-refundable processing fee. Accepted payment forms: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on page 4 of this application, or on our website for all fees.

ALL *Fields are Required

Social Security Number (optional)		EdID # (if known)			
The applicant agrees	that the social security nu	mber shall be used to search the "National Association of	State Directors for Teacher Excellence and Certification	(NASDTEC)" Clearinghouse in accordance with	n Ed 505.07(d)
Name:					
	* First	Name MI	* Last Name	Former Nam	e
Gender:	Male	Female	*Date of Birth		
Are you: (ch	eck one)	No, not Hispanic or Latin	Yes, Hisp	anic or Latino	
What is you	r race? (Indicate	one or more)			
Number of Y	Years of educator	experience: In-State	Number of Years of educator ex	sperience: Out of State	
Pu	blic	Private	Public	Private	
* Mailing A	ddress:				
	Sti	reet / PO Box	City	State	Zip
*Primary Telephone Number		*Alternate Telephone Number			
	*Primar	y Email Address	*Alter	mate Email Address	

DEGREE COLLEGE

*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>	DISTRICT	<u>POSITION</u>	ASSIGNMENT/SUBJECT	<u>GRADE</u>	<u>CERTIFIEL</u>	D (Y/N)
A.							Y	Ν
В							Y	Ν
C.							Y	Ν
D.							Y	Ν
E.							Y	Ν
F.							Y	Ν
G.							Y	Ν
	DI E							

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY (example: Biology (DCNR); Mathematics (DCEX); Principal (DCTA)

DCNR National/Regional License DCEX Experience Out-of-State DCTA Transcript Analysis

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, 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.

*SIGNATURE

*DATE

PLEASE NOTE: United States Postal Mail will <u>NOT</u> 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 <u>NOT</u> be mailed to your place of employment.

\$120.00
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\$10.00
\$75.00
\$0.00
\$75.00
\$75.00
\$25.00
\$25.00
\$100.00
\$50.00
\$25.00
\$120.00
\$15.00 (State Treasurer's
fee)
\$25.00 (Bureau of
Credentialing fee)

Table 505-1 Fee Schedule