8157-PARA

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

For Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

PARAEDUCATOR LICENSE APPLICATION

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.
PAYMENT: Enclose **non-refundable** processing fee of $10.00. 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.

PLEASE CHECK WHICH PARAEDUCATOR LEVEL YOU ARE REQUESTING:

☐ **Paraeducator I:** Submit a notarized copy of High School Diploma or GED with the application.

☐ **Paraeducator II:** Submit the documents described in **ONE** of the following options.

A. Official college transcript of Associate's or Bachelor's degree conferred OR showing a minimum of 48 college credits.

OR

B. Official High School transcript in a school sealed envelope **OR** notarized copy of High School Diploma or GED **AND** A copy of passing scores for the ParaPro Assessment Praxis test or equivalent.

OR

C. Official High School transcript in a school sealed envelope **OR** notarized copy of High School Diploma or GED

AND

Assessment of Candidate's Strengths and Professional Development Needs form. All competencies must be checked as met with evidence indicated in the assessment column. Activities used as evidence must be at the college level. **Evidence for English and Math must be at the second year college level.**
All documentation of evidence indicating how all competencies have been met.

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
Public _____ **Private** _____

Number of Years of educator experience: Out of State
Public _____ **Private** _____

*** Mailing Address:**

Street / PO Box	City	State	Zip

* Primary Telephone Number	*Alternate Telephone Number

*Primary Email Address	*Alternate Email Address

Educational Information:

Name of High School	State	Curriculum	Date Granted

COLLEGE:

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED

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 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.**