



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 #:					

DOE Renewal Form Paraeducator I/ II and Educational Interpreter/Transliterator License

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

PAYMENT: Enclose non-refundable processing fee (\$10 for Paraeducator I/ II or \$25 for Educational Interpreter/ Transliterator). 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 COMP	LETE ALL INFORMAT	TION (ANY	THING WITH	I * IS REQUIREI	O) (Print or Type)	
	cial Security Number (optional) - EdID # (if known) 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 Hispa	nic or La	or Latin Yes, Hispanic or Latino			
What is yo	ur race? (Indicate o	one or more)					
Years educ	cator experience		Years non-public school experience				
In	-state	Out-of-state		In-state	Out-of-state		
* Mailing	Address:						
	Street / I	PO Box			City	State	Zip
* Primary Telephone number			Alternate Telephone				
*Primary email Address				*Alternate email address			

Please fill in the areas below listing activities completed to meet the licensure requirements- if you need more space attach extra paper.

PLEASE NOTE: you may be contacted to provide verification and documentation of completion of these activities.

A minimum of 50 continuing education units of related professional development activities is required.

Date(s) #of Hours Activity Title Name of Organization

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

<u>PLEASE NOTE:</u> 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.

Page 2 of 2

DOE-BOC 4b October 2021