



ALL *Fields are Required

State of New Hampshire, Department of Education Bureau of Credentialing

101 Pleasant Street Concord, N.H. 03301 Click here for the Help Desk

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

APPLICATION FOR PORTFOLIO AND ORAL BOARD REVIEW

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

PAYMENT: Enclose **non-refundable** processing fee. Accepted payments are: 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.

•	ial Security Number (optional) - EdID # (if known) plicant 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 Nar	ne MI	* Last Name	Former Name	
Gender:	Male	Female	*Date of Birth		
Are you: (che	eck one)	No, not Hispanic or Latin	Yes, Hispa	nic or Latino	
What is your	race? (Indicate	one or more)			
Number of Y	ears of educator	experience: In-State	Number of Years of educator	experience: Out of State	
Publ	ic	Private	Public	Private	
* Mailing Ad	dress:				
	Street	/ PO Box	City	State	Zip
	*Primary Tel	ephone Number	*Alternate	e Telephone Number	
	*Primary E	mail Address	*Altern	ate Email Address	

DEGREE COLLEGE STATE MAJOR DATE GRANTED

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

DCPOB- Portfolio/ Oral Board

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED (example: Biology (DCPOB);

*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 of	country?	Yes	No
*Are you currently being investigated in any other state?			No
IF VOILANSWERED VES TO ANY OF THE ARO	VE OUESTIONS ATTACH	AN FYDI ANATI	ON

IF 100 ANSWERED 1ES 10 AN1 OF THE ABOVE QUESTIONS, ATTACH AN EAFLANATION

*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.

Table 505-1 Fee Schedule

Approved Educator Preparation Program BEL/EEL (per endorsement)	\$120.00
Site Based Licensing Plan	
Statement of Eligibility (per endorsement)	\$50.00
Intern Authorization (per endorsement)	\$120.00
Upgrade to BEL/EEL (per endorsement)	\$120.00
Demonstrated Competencies Portfolio/Oral Board	
Materials (per endorsement)	\$50.00
Portfolio Review/Oral Board (per endorsement)	\$500.00
BEL/EEL (per endorsement)	\$120.00
Demonstrated Competencies National/Regional exam/licensure BEL/EEL	\$120.00
(per endorsement)	\$120.00
Demonstrated Competencies Transcript Analysis BEL/EEL	\$500.00
(per Administrative endorsement)	\$300.00
Demonstrated Competencies Experience under Out of State License BEL/EEL	\$120.00
(per endorsement)	, , , , , , , , , , , , , , , , , , , ,
BEL/EEL/Master Teacher License Renewal (3 year cycle)	\$120.00
Master Teacher - National Level (per endorsement)	\$120.00
Master Teacher – NH Level (per endorsement)	\$800.00
Late Renewal Filing Fee (BEL/EEL/Master Teacher only)	\$50.00
Paraeducator I	\$10.00
Paraeducator II	\$10.00
Paraeducator I and II Renewal (3 year cycle)	\$10.00
School Nurse I - 3 years with one time renewal	\$75.00
School Nurse II	\$0.00
School Nurse III	\$75.00
School Nurse I, II, III Renewal (3 year cycle)	\$75.00
Educational Interpreter/Transliterator	\$25.00
Educational Interpreter/Transliterator Renewal (3 year cycle)	\$25.00
Criminal History Record Check Clearance (5 year cycle)	\$100.00
Name Change	\$50.00
Credential Verification Letter	\$25.00
Emergency Authorization (per endorsement)	\$120.00
Returned check fee (RSA 6:11-a)	\$15.00 (State Treasurer's fee) \$25.00 (Bureau of
	Credentialing fee)