



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 #: _____

Educator Transmittal Form

License Renewal for Educators recommended for renewal by employer who choose to pay by check

Note: Senior Educational Official will make the renewal recommendation online.

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

PAYMENT: Enclose non-refundable processing fee \$120.00. Payment options accepted: Cash, money order, cashier's check, or employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See [Fee Schedule](#) on our website for all fees.

Note: Please add an additional 50.00 late fee for an expired license.

If you are a Beginning Educator recommended for an upgrade to an Experienced Educator, please contact your Senior Educational Official. Mail this letter with your Transmittal form.

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(s)

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 | Number of Years of educator experience: Out of State
 Public Private | Public Private

* Mailing Address:
 Street / PO Box City State Zip

*Primary Telephone Number *Alternate Telephone Number

*Primary Email Address *Alternate Email Address

PLEASE NOTE:

ANY EMPLOYED EDUCATOR WHOSE CREDENTIAL HAS EXPIRED AND HAS NOT RENEWED BY JUNE 30th OF THE YEAR THE CREDENTIAL IS DUE, WILL BE SUBJECT TO A \$ 50.00 LATE FEE.

NOTE: The Special Education Teacher/Early Childhood Special Education Teacher endorsement must be maintained in order to renew a categorical area (Emotional and Behavioral Disabilities, Specific Learning Disabilities, Intellectual and Developmental Disabilities and Physical and Health Disabilities)

I **DO NOT** wish to renew this endorsement(s) from my list:

PLEASE CHECK APPROPRIATE ANSWERS

- | | | |
|--|----------------------------|-----------|
| *Have you ever held a New Hampshire certificate? If yes, what year did it expire | Yes | No |
| | 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? 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, 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.