



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

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

Site-Based Licensing Plan Completer Application

Your completed Site-Based Licensing Plan for _____

has been submitted.

(endorsement to be filled in by applicant)

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

PAYMENT: Enclose non-refundable processing fee of \$120.00. Accepted forms of payment: 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.

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

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 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

	<p>*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</p>
	<p>*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</p>

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.