8157-SCHNS

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 #: _____

SCHOOL NURSE APPLICATION

PLEASE BE SURE TO VIEW THE SCHOOL NURSE MEMO AVAILABLE ON OUR WEBSITE BEFORE COMPLETING AND SUBMITTING THIS FORM. School Nurse Memo Check the box to indicate which School Nurse Certificate you are applying for:

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing.
PAYMENT: Enclose non-refundable processing fee of $75.00. 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.

☐ **School Nurse I:** Submit an official transcript (Associate's nursing degree level or higher), a copy of a valid New Hampshire issued RN license, an employment verification letter showing 3 years of clinical pediatric nursing or related work experience under a valid RN license, and $75 fee.

☐ **School Nurse III:** Submit an official transcript (Bachelor's nursing degree level or higher), a copy of a valid New Hampshire BSN RN license, an employment verification letter showing 3 years of clinical pediatric nursing or related work experience under a valid BSN RN license, and $75 fee.
Out of State education department certified nurses or NCSN (national) certified nurses must submit only a copy of these certifications for evaluation, and $75 fee. Please indicate number of years of experience as a school nurse: _____ years

PLEASE COMPLETE ALL INFORMATION (ANYTHING WITH * IS REQUIRED) (Print or Type)

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 Latino** ☐ **Yes, Hispanic or Latino**

What is your ethnic origin? (Indicate one or more) ____

*** Mailing Address:**

____ ____ ____ ____
Street / PO Box **City** **State** **Zip**

____ ____
*** Primary Telephone number** **Alternate Telephone**

____ ____
***Primary email Address** ***Alternate email address**

Educational Information:

***HIGH SCHOOL:**

Name of High School	State	Curriculum	Date Granted

***COLLEGE/NURSING PROGRAM INFORMATION:**

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED

DOCUMENT SUBMISSION:

School Nurse I and III applications and fee must be mailed together along with required supporting documentation to the address in the header above.

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**