



## State of New Hampshire, Department of Education Bureau of Credentialing

101 Pleasant Street Concord, N.H. 03301 **Help Desk** 

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

## APPLICATION -STATEMENT OF ELIGIBILTY (SOE)

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

PAYMENT: Cash, money order or cashier's check, or school employer check on behalf of applicants, \$50 per endorsement made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

ALL *Field	s are Required				
Social Security Number (optional)  The applicant agrees that the social security number shall be used to search the "National Association of State Directors for			EdID # (if	•	
Name:					
	* First Na	me 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 you	ır race? ( Indicato	e one or more)			
Number of	Years of educato	r experience: In-State	Number of Years of educate	or experience: Out of State	
Pul	blic	Private	Public	Private	
* Mailing A	ddress:				
Street / PO Box		City	State	Zip	
*Primary Telephone Number		*Alternate Telephone Number			
*Primary Email Address		*Alter	nate 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).

	DATE(S)	<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

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY (example: Biology (SHORT); Mathematics (CLGRCS); Elementary Education (EEEK8) ;Health Science (CTESA)

SHORT (Critical Shortage List) CTESA Career and Technical Pathway Specialty Area NOPATH No other Available

NEWEND New Endorsement BUSAD Business Administrator CLGCRS 10 College-Level Courses

EEK8Elementary Education K-8 EEECE Elementary Education K-6 or Early Childhood Education

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*Have you ever held a New Hampshire certificate?		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?		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	

PLEASE NOTE:

United States Postal Mail will  $\underline{NOT}$  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  $\underline{NOT}$  be mailed to your place of employment.