

Virginia M. Barry, Ph.D.  
Commissioner of Education  
Tel. 603-271-3144



Paul Leather  
Deputy Commissioner  
Tel. 603-271-3801

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
Tel: 603-271-2409  
Fax: 603-271-4134

Contact:  
Bureau of Credentialing  
101 Pleasant Street  
Concord, NH 03301  
Tel: 271-2409

## Para-Educator Transmittal Form

Certification Renewal for Paraeducators Employed under a Master Plan who choose to pay by check

Note: The Superintendent of Schools will make the renewal recommendation **on line**.

For employed Paraeducators paying by check: If you prefer to pay by check, you can still establish an account to review your file. If paying by check, please use this transmittal form to ensure accurate processing of your credential.

**PAYMENT:** The check is made out to the State of New Hampshire in the amount of \$ 25.00 and should be mailed to the above address.

Please Print or Type: \* - required fields

\* NH EdID # \_\_\_\_\_ or Social Security Number \_\_\_\_\_

Name: \_\_\_\_\_  
\* Last Name \* First Name \* MI \* Maiden

\* Mailing Address \_\_\_\_\_  
Street \* City \* State \* Zip

\* Telephone number

Alt. Telephone

\* Email Address

**PLEASE CIRCLE APPROPRIATE ANSWERS**

\*Alternate Email address

- |  |     |    |                            |
|--|-----|----|----------------------------|
| 1. Have you ever been convicted of a felony?   | Yes | No | IF YES, ATTACH EXPLANATION |
| 2..Have you ever had a teaching credential revoked?  | Yes | No | IF YES, ATTACH EXPLANATION |
| 3..Have you ever surrendered your teaching credential in any other state or country?                     | Yes | No | IF YES, ATTACH EXPLANATION |
| 4. Are you currently being investigated in any other state?  | Yes | No | IF YES, ATTACH EXPLANATION |
| 5a. *Are you: (check one) Hispanic or Latino? ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino |     |    |                            |
| 5b. * What is your race?: ( Choose one or more) _____  |     |    |                            |

**Check boxes that apply:**

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

\_\_\_\_\_  
Educators 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.