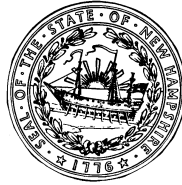




Virginia M. Barry, Ph.D.
Commissioner of Education
Tel. 603-271-3144



Paul Leather
Deputy Commissioner
Tel. 603-271-3801

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301
Tel: 603-271-2408
Fax: 603-271-4134

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

Certification Renewal for Educators 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 educators 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 \$130.00 and should be mailed to the above address.

Please Print or Type: * - required fields

*Teacher # _____ or Social Security Number _____ - _____ - _____

Name: _____
* Last Name * First Name * MI * Maiden

* Mailing Address _____
* City * State * Zip

* Telephone number Alt. Telephone * email Address

PLEASE CIRCLE APPROPRIATE ANSWERS

- 1. * Have you ever been convicted of a felony?
YES, ATTACH EXPLANATION Yes No
- 2. * Have you ever had a teaching credential revoked?
IF YES, ATTACH EXPLANATION Yes No
- 3a. Are you: (check one) Hispanic or Latino? ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino
- 3b. What is your race? (Choose one or more)
___ American Indian or Alaska Native ___ Asian ___ Black or African American
___ Native Hawaiian or Other Pacific Islander ___ White

NOTE: The General Special Education/Early Childhood Special Education 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)

Check boxes that apply:

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

Teacher's 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.