



State of New Hampshire, Department of Education
Bureau of Credentialing
 101 Pleasant Street
 Concord, N.H. 03301
 Tel: 603-271-2409
 Fax: 603-271-4134
cert.info@doe.nh.gov

Bureau of Credentialing office use only:

Date Received: _____

Fee amount: _____

Check #: _____

APPLICATION FOR CERTIFICATION

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

PAYMENT: Enclose **non-refundable** processing fee. Make checks payable to the **State of New Hampshire – Treasury**.
 See application instructions, or fee schedule, for fee amount. See Fee Schedule on our website for return check fee.

ALL *Fields are Required

Social Security Number - - EdID # (if known)

Name: * First Name MI * Last Name Maiden 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

***COLLEGE INFORMATION**

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).

	<u>DATE(S)</u>	<u>STATE</u>	<u>DISTRICT</u>	<u>POSITION</u>	<u>ASSIGNMENT/SUBJECT</u>	<u>GRADE</u>	<u>CERTIFIED (Y/N)</u>
A.							Y N
B							Y N
C.							Y N
D.							Y N
E.							Y N
F.							Y N
G.							Y N

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH ALTERNATIVE
(example: Biology (Alt. 2); Mathematics (Alt. 3A); General Special Education (Alt . 4), Elementary Education (Alt. 5); Principal (Alt 3C); etc.)

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/certification/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/certification/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 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.

Revised – 11/8/2018