8157-ALT25

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**
Public ☐ **Private** ☐

*** Number of Years of educator experience: Out of State**
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).

	DATE(S)	*STATE*	*DISTRICT*	*POSITION*	*ASSIGNMENT/SUBJECT*	*GRADE*	*CERTIFIED (Y/N)*	
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