



**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

For Credentialing office use only:	
Date Received:	_____
Fee amount:	_____
Check #:	_____

PARAEDUCATOR CERTIFICATION APPLICATION

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

PAYMENT: Enclose **non-refundable** processing fee of \$25.00. Make checks payable to the State of New Hampshire – Treasury. See Fee Schedule on our website for return check fee.

PLEASE CHECK WHICH PARAEDUCATOR LEVEL YOU ARE REQUESTING:

Paraeducator I: Submit a notarized copy of High School Diploma or GED with the application.

Submit the documents described in **ONE** of the following options.

- | | |
|-------------------------|--|
| Paraeducator II: | A. Official college transcript of Associate’s or Bachelor’s degree conferred OR showing a minimum of 48 college credits. OR |
| | B. Official High School transcript in a school sealed envelope OR notarized copy of High School Diploma or GED AND A copy of passing scores for the ParaPro Assessment Praxis test or equivalent. OR |
| | C. Official High School transcript in a school sealed envelope OR notarized copy of High School Diploma or GED AND Assessment of Candidate’s Strengths and Professional Development Needs form. All competencies must be checked as met with evidence indicated in the assessment column. Activities used as evidence must be at the college level. Evidence for English and Math must be at the second year college level.
All documentation of evidence indicating how all competencies have been met. |

ALL *Fields are Required

Social Security Number - - **EdID # (if known)**

Name:

* First Name	MI	* Last Name	Maiden Name
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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
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* Primary Telephone Number

*Alternate Telephone Number

*Primary Email Address

*Alternate Email Address

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

Educational Information: HIGH SCHOOL

Name of High School	State	Curriculum	Date Granted
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PLEASE SUBMIT A **NOTARIZED** COPY OF HIGH SCHOOL DIPLOMA OR GED FOR PARAEUCATOR I.

COLLEGE:

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
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Submit **OFFICIAL** college or high school transcript **OR** **Notarized** copy of high school diploma/GED if no degree was completed:

Enclosed being sent under separate cover

_____ ***Signature**

_____ ***Date**

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.

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.