8157-TRNSP

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 Bureau of Credentialing use only:

Date Received:

Fee amount:

Check #:

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**

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

Name: ____ ____ ____ ____
*** Last Name** *** Maiden** *** First Name** *** MI**

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)**

*** Experience – In-state**
Public ____ **Private** ____

***Experience – Out of State**
Public ____ **Private** ____

*** Mailing Address:**
____ ____ ____ ____
Street / PO Box **City** **State** **Zip**

*** Primary Telephone number** **Alternate Telephone**

***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

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.**

Revised – February 27, 2017