



**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 #: _____

SCHOOL NURSE APPLICATION

PLEASE BE SURE TO VIEW THE SCHOOL NURSE MEMO AVAILABLE ON OUR WEBSITE BEFORE COMPLETING AND SUBMITTING THIS FORM. <https://www.education.nh.gov/certification/index.htm>
Check the box to indicate which School Nurse Certificate you are applying for:

School Nurse I: Submit an official transcript (Associate’s nursing degree level or higher), a copy of a valid New Hampshire issued RN license, an employment verification letter showing 3 years of clinical pediatric nursing or related work experience under a valid RN license, and \$75 fee.

School Nurse II: Submit a copy of a valid New Hampshire RN license and an employment verification letter showing a hire date as a school nurse on or before July 1, 2016 under a valid RN license. No fee required. Please indicate number of years of experience as a school nurse: years

School Nurse III: Submit an official transcript (Bachelor’s nursing degree level or higher), a copy of a valid New Hampshire BSN RN license, an employment verification letter showing 3 years of clinical pediatric nursing or related work experience under a valid BSN RN license, and \$75 fee. Out of State education department certified nurses or NCSN (national) certified nurses must submit only a copy of these certifications for evaluation, and \$75 fee. Please indicate number of years of experience as a school nurse: years

PLEASE COMPLETE ALL INFORMATION (ANYTHING WITH * IS REQUIRED) (Print or Type)

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 Latino Yes, Hispanic or Latino

What is your ethnic origin? (Indicate one or more)

* Mailing Address:

Street / PO Box City State Zip

* Primary Telephone number Alternate Telephone

*Primary email Address *Alternate email address

Educational Information:

***HIGH SCHOOL:**

Name of High School	State	Curriculum	Date Granted
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***COLLEGE/NURSING PROGRAM INFORMATION:**

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
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DOCUMENT SUBMISSION:

Official transcripts, copies of licenses and experience letters must be uploaded at <https://my.doe.nh.gov/myNHDOE/Login/Login.aspx>
 School Nurse II applications without fee can be mailed to the address in the letterhead above or emailed to credentialing.docs@doe.nh.gov
 School Nurse I and III applications and fee must be mailed together to the address in the letterhead above.

Non-refundable processing fee of \$75.00 is required with application (except for School Nurse II certificate).

Make check payable to “Treasurer, State of NH”. See Fee Schedule on our website for return check fee.

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

	<p>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</p>
	<p>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</p>

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**