

#### Department of Education 25 Hall Street | Concord, NH 03301

#### Granite State College Building | Events Center

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## Special Meeting of the New Hampshire State Board of Education

Tuesday, February 21, 2023

## **AGENDA**

I. <u>CALL TO ORDER</u> ~ 10:00 AM

#### II. PLEDGE OF ALLEGIANCE.

III. <u>PUBLIC COMMENT:</u> The State Board of Education welcomes public commentary. <u>In person</u> commentary is limited to 3 minutes per person and clarifying questions may be asked, otherwise the Board does not provide feedback. All <u>written commentary</u> should be submitted to <u>Angela.Adams@doe.nh.gov</u>. All submitted commentary is provided to the board and when possible, included and posted with the monthly meeting materials located on the State Board of Education's meeting and minutes <u>webpage</u>.

#### IV. PRESENTATIONS/REPORTS/UPDATES

- A. Canvas Tutorial ~ KEN DARSNEY, NHED, Learning Management Systems Administrator
- B. Free Application for Federal Student Aid (FAFSA) Waiver Form pursuant to <u>RSA 193:26-a</u> ~ STEPHEN APPLEBY, NHED, Director, Division of Educator Support & Higher Education
- V. <u>LEGISLATIVE UPDATES</u> ~ JULIE SHEA, NHED, Administrative Rules Coordinator
  - A. Initial Proposal ~ PEPP Program Standards (Ed 603-Ed 606)
  - B. Initial Proposal ~ Home Education (Ed 315)
  - C. Adopt ~ Innovation Schools (Ed 1500)
  - D. Adopt ~ Criminal History Records Check (Ed 504.12 et al)
- VI. OPEN BOARD DISCUSSIONS
- VII. CONSENT AGENDA
  - A. Meeting Minutes of January 12, 2022
- VIII. NONPUBLIC SESSION
- IX. <u>ADJOURNMENT</u> ~ 12:00 PM



## **FAFSA WAIVER FORM**

Pursuant to RSA 193:26-a

Form should be returned to:

[EACH HIGH SCHOOL SHOULD DESIGNATE INDIVIDUAL TO COLLECT WAIVER FORMS]

Pursuant to RSA 193-26-a, each student who is at least 18 years of age or legally emancipated, who is otherwise eligible to graduate from high school, or the parent of such a student who is under the age of 18 years, as a prerequisite to receiving a high school diploma from a public high school, shall either file a Free Application for Federal Student Aid with the United States Department of Education, or file a waiver.

By executing below, I acknowledge that I am a student over the age of eighteen (18) or the parent or guardian of a student who is under the age of eighteen years of age, and I acknowledge that I understand what the Free Application for Federal Student Aid is and have chosen not to file an application.

Student Name:	
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Email/Phone:

Signature:

Date:

Parent/Guardian/Student if 18 or older

To learn more about the FAFSA see: <u>https://studentaid.gov</u>.

For more information regarding RSA 193:26-a see <u>https://www.gencourt.state.nh.us/rsa/html/XV/193/193-26-a.htm</u>.



Christine M. Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 25 Hall Street, Suite 304 Concord, NH 03301 TEL. (603) 271-3495

## **EXECUTIVE SUMMARY**

## Initial Proposal Ed 603-606 PEPP Standards for Curriculum, Clinical Practice, Resources and Assessment Systems Expire Date: March 22, 2023

Submitted to the State Board of Education, February 21, 2023:

### A. <u>ACTION NEEDED</u>

A vote is needed by the State Board of Education to approve the initial proposal to readopt with amendment Ed 603 through Ed 606, relative to curriculum standards, clinical practice, resources and facilities, and candidate assessment systems.

#### B. RATIONALE FOR ACTION

The Council for Teacher Education (CTE) has put forward their recommended changes based on subcommittee work and feedback and collaboration with educators and experts in the field. The proposed changes have been outlined in the included table.

#### C. <u>EFFECTS OF THIS ACTION</u>

If the Board approves this initial proposal, it will be submitted to the Office of Legislative Services (OLS) to begin the rulemaking process. A public hearing for these rules will be held, with the earliest potential date being April 13, 2023.

#### D. <u>POSSIBLE MOTION</u>

I move that the State Board of Education approve the initial proposal for Ed 603 through Ed 606.

## Summary of Major Proposed Changes

PROPOSED CHANGE	RATIONALE
Remove current Ed 603.01(a): A PEPP at the baccalaureate or post-baccalaureate level shall systematically assess how well the program provides the curriculum necessary to ensure that an individual who completes the PEPP can demonstrate the competencies in the certification standards for the certification(s) sought by the candidate.	This standard is addressed in Ed 606 Candidate and Program Assessment
Significantly amend 603.02 Requirements for Program of Study: A lot of the redlining involves moving the standards around, embedding them into 603.01. We desired to streamline the curriculum standards to essential components, such as aligned with mission, developmentally sequenced and research based.	We attempted to remove items that were redundant with 603.01, 604, and 606.
Added 603.02 Student Advising: This content was moved from 606.02	Rather than it being relevant to assessment systems, we thought student advisit standards because it is a function of design and input. It also is more appropria learning and development,
Remove current Ed 604.01 Learning Facilitation: All content of 604.01 is accounted for elsewhere in the standards in our proposed revisions (including 603 and 606)	If we take "learning facilitation" to mean curriculum, opportunities, structures, the describes the expectations of the curriculum.
Remove current Ed 604.02 Quality and Evaluation of Learning Facilitation. d, e, f, and g are part of a new standard in 605 "staff and faculty resources." 604.02 a, b, and c are removed.	We did not see a reason for the review to have items on faculty awareness of the faculty and learning facilitation is part of Ed 606 Program Assessment.
Current Ed 604.03 Clinical Educators: Remove requirement for experience with public school and add licensed educators in another state	It's important to allow for clinical placements and educators in neighboring stallicensed in the area the candidate is seeking.
Current Ed 604.04 (Field Experiences), remove the requirement for written agreement, replaced with "collaborate with clinical placement sites" Current Ed 604.05 (Early Field Experiences), Incorporate into new Ed 604.01 "Clinical Practice" rule Current Ed 604.06 (Culminating Field Experience), Remove this specific rule and incorporate into Ed 604.01 "Clinical Practice" rule	<ul> <li>The specific ways in which the PEPP forms agreements should be technical gu We did not feel it necessary to prescribe specific "early" clinical experiences.</li> <li>varied and ongoing clinical experiences.</li> <li>Likewise, we did not feel it necessary to prescribe a "culminating" experience.</li> <li>incorporated into new 604.01(b)</li> </ul>
Current Ed 604.07 Field Experience Supervision: Remove line re: culminating experience (a) and specific ways in which supervision takes place (b)	<ul> <li>(a) "Frequent supervision, including direct observation and evaluation" is</li> <li>(b) Other ways should go into technical guidance</li> </ul>
Current Ed 604.08 Coordination of Field Experience and Cooperating Practitioners: Remove	These requirements are redundant in an outcomes-based review
Added 604.02 Clinical Partnerships	Added language to specify the goals of a mutually beneficial partnership.
Added 605.02 Faculty and Staff Resources	This rule is taken mostly from the current 604.02 Quality and Eval of Learning
Current Ed 606.02 Removed table with specific reference to all other rules	Eliminate redundancy

06.

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#### Readopt with amendments Ed 603 through Ed 606, eff 3-22-13 (Document #10295), to read as follows:

## PART Ed 603 CURRICULUM STANDARDS FOR PROFESSIONAL EDUCATOR PREPARATION PROGRAMS AT THE BACCALAUREATE AND POST-BACCALAUREATE LEVELS

#### Ed 603.01 Curriculum at the Post-Baccalaureate and Baccalaureate Levels.

(a) A PEPP at the baccalaureate or post baccalaureate level shall systematically assess how well the program provides the curriculum necessary to ensure that an individual who completes the PEPP can demonstrate the competencies in the certification standards for the certification(s) sought by the candidate.

(<u>ab</u>) In order to comply with (<u>a</u>), <u>¢The PEPP's</u> curriculum shall provide <u>a variety of meaningful</u> <u>learning sufficient studies and</u> experiences to support a candidate's development of the skills and <u>competencies</u> in the following standards that apply to all<u>licensure</u> certification area(s) for which the PEPP is designed, including:

- (1) The general education studies requirements of Ed 607.02609;
- (2) The professional education requirements of Ed 607.04610;
- (3) The area of concentration requirements of Ed 608.01611; and
- (4) The specific program preparation requirements of Ed 608.02 through Ed 608.04.612; and
- (5) The graduate, specialist, or administrator preparation program requirements of Ed 614.

(b) The PEPP's curriculum shall be aligned with the PEPP's mission, goals, objectives, and conceptual framework for professional educator preparation.

(c) The PEPP's curriculum shall be research-based, developmentally sequenced, and designed to improve learning opportunities and achievement for pk-12 learners.

(d) A test shall not be used in place of a curriculum.

(e) The PEPP shall use institutional data and input from the professional community during curriculum development.

Ed 603.02 -Requirements for Program of StudyStudent Advising.

(a) The program shall be designed to ensure that a PEPP assesses how candidates are advised and counseled throughout the program.

(b) The program shall include an advisory process that ensures each candidate:

(1) Understands the criteria for successfully meeting the requirements of his or her licensure program;

(2) Receives support in meeting the required criteria; and

(3) When necessary, is counseled out of teacher education and advised into exploration of other career options and programs of study.

(a) A PEPP shall provide a candidate with a program of study that is developmental and sequenced, and incorporates 21st century practices which meet the requirements under Ed 500 and Ed 600.

(b) A program of study shall:

(1) Allow a candidate multiple and varied opportunities to develop the knowledge, skills, and dispositions encompassed in the New Hampshire educator certification standards in Ed 500 that apply to each of the certification areas for which a program is designed; and

(2) Be designed to enable a candidate to demonstrate the competencies required under Ed 609, Ed 610, Ed 612 and Ed 614 relevant to the certification area for which the program is designed.

(c) A test shall not be considered a course of study.

(d) Experiences shall include multiple and varied early and culminating field experiences that are substantive and prolonged, as indicated in Ed 604.04 through 604.08.

Source. (See Revision Note at part heading for Ed 603) #6048, eff 6-2-95; ss by #6366, eff 10-30-96; ss by #8194, eff 10-26-04; ss by #10295, eff 3-22-13

-Ed 603.03 Development of Curriculum.

(a) The PEPP shall develop a research based, responsive, and timely curriculum to improve learning opportunities and achievement for pk-12 learners.

(b) A PEPP's curriculum shall be aligned with the PEPP's mission, goals, objectives, and conceptual framework for professional educator preparation.

(c) The curriculum builds upon the candidates' cognitive development, reflective judgment, and functioning at higher conceptual levels.

(d) A curriculum shall be developed through review of institutional data and current research on best practices.

(e) An institution shall systematically seek input from the professional community during curriculum development.

<u>Source.</u> (See Revision Note at part heading for Ed 603) #6048, eff 6-2-95; ss by #6366, eff 10-30-96; ss by #8194,

## PART Ed 604 <u>LEARNING FACILITATION</u> <u>CLINICAL</u> <u>PRACTICE</u> <u>AND</u> <u>PARTNERSHIP</u> STANDARDS FOR PROFESSIONAL EDUCATOR PREPARATION PROGRAMS AT THE BACCALAUREATE AND POST-BACCALAUREATE LEVELS

Ed 604.01 Learning Facilitation at the Post-Baccalaureate and Baccalaureate Levels.

(a) A PEPP at the baccalaureate or post baccalaureate level shall systematically assess how well the program provides the facilitation necessary to ensure that an individual who completes the PEPP can demonstrate the competencies in the certification standards for the certification(s) sought by the candidate.

(b) In order to accomplish this, the facilitation shall provide each candidate with multiple opportunities to engage in a variety of meaningful learning experiences, effective practices, and guided reflection that support his or her intellectual, professional, and personal development, so the candidate can demonstrate mastery of the following standards that apply to the certification area(s) for which the PEPP is designed:

(1) The general education requirements of Ed 609;

(2) The professional education requirements of Ed 610; and

(3) The specific program preparation requirements of:

a. Ed 612; or

b. Ed 614.

Ed 604.02 <u>Clinical PartnershipsQuality and Evaluation of Learning Facilitation</u>. An institution and PEPP that prepares educators shall systematically assess and analyze their needs and provide or adjust for adequate personnel, including administration, faculty, and staff necessary to ensure:

(a) <u>A PEPP shall develop clinical partnerships with pk-12 schools that are mutually beneficial and share responsibility for candidate development.</u> Institution faculty and cooperating practitioners can communicate about and model high quality learning facilitation that is current, effective, research based, and learner centered;

(b) <u>A PEPP shall designate one or more persons to develop partnerships with school districts.</u><del>Faculty associated with PEPP's are aware of the cultural reality of schools;</del>

(c) The learning facilitation of all faculty members who work with candidates as part of a PEPP is evaluated systematically using clearly articulated, written criteria;

(d) Recruitment of diverse faculty to teach pedagogical methods or supervise candidates who:

(1) Possess academic credentials and have experiences appropriate for his or her role in preparing educators;

(2) Model pedagogical, specialist area, or administrator practices shown to be effective in pk-12 schools; and

(3) Provide learning opportunities that enable the candidate to acquire and reflect on the relevant knowledge, skills, and dispositions required by the PEPP in which the candidate is enrolled; and

(e) Workload assignments take into consideration all of his or her required duties and responsibilities;

(f) Appropriate counsel, advice, and support for candidates in a PEPP(s) with regard to academics and employment; and

(g) Sufficient support to all faculty, staff, and cooperating practitioners for professional development related to their roles in preparing and mentoring candidates, including the granting of promotional credit and or tenure for collaboration with pk-12 schools.

Ed. 604.03 <u>Clinical Educators</u> <u>Requirements for Cooperating Practitioner</u>. Each PEPP shall <u>have an</u> explicit process and work collaboratively with each partner school to ensure that school-based clinical educators shall have the following: assess and ensure that cooperating practitioners:

(a) <u>Have a credential under Ed 507</u> iIn the content, specialist, or administrator area in which the practitioner mentors the candidate:

(1) A license as outlined in Ed 507; or

(2) A comparable license from a state other than NH;

(b) <u>Have experience with aAt least 3 years of experience as a certificate holder under Ed 507, or as</u> a certified professional in another state, with experience in public schools, in the content, specialist, or administrator area in which the practitioner mentors the candidate;

(c) Demonstrate the skill to mentor candidates;

(d) Model high quality learning facilitation that results in student learning; and

(ce) Are rRecommendationsed by their peers, administrators, or institution faculty and staff:- and

(d) Current employment in the role in which the practitioner mentors the candidate.

Ed 604.014 Field ExperiencesClinical Practice.

(a) <u>The PEPP shall design a sequence of varied, early and ongoing fieldclinical experiences of sufficient depth, breadth, diversity, coherence, and duration that require candidates to interact with diverse</u>

learners, in diverse settings, and that are designed to help candidates integrate the requirements of Ed <u>607</u>609 and Ed 610 as well as the skills, knowledge and dispositions related to their area of endorsement.

(b) <u>The PEPP shall ensure that candidates, in their clinical practice, have sufficient opportunities</u> <u>to:</u>There shall be written agreements between field-placement sites that are committed to simultaneous review and reform of education and which:

(1) <u>Practice and assume the range of teaching, specialist, or administrative area activities, roles, and responsibilities</u><u>Make explicit the roles and responsibilities of the PEPP and the field-placement sites;</u>

(2) Demonstrate the knowledge, skills and dispositions of a beginning educator as described in Ed 607 and Ed 608 Include the expectations for the PEPP and the field placement site; and

(3) <u>Have an immersive, culminating experience in the licensure area(s) for which they are seeking</u>. Articulate methods for solving problems which might arise; and

(4) Prescribe a procedure for modifying the agreement itself.

(c) The PEPP shall collaborate with clinical practice sites to ensure shared responsibilities are understood, agreed upon, and fulfilled.

(d) The PEPP shall designate one or more persons to be responsible for coordinating and managing clinical practice, including the orientation and professional development of clinical educators as mentors following clearly articulated, written criteria for mentoring practices.

-Ed 604.05 Early Field Experiences.

(a) Early field experience(s) shall require candidates to engage in a variety of experiences related to their content, specialist, or administrator area(s) for which the PEPP is designed.

(b) Each PEPP designed to lead to certification in a particular Ed 612 content area(s) shall require each candidate to participate in guided early field experience(s) before participating in a culminating field experience.

(c) Each PEPP designed to lead to certification in a particular Ed 614 specialist or administrator area(s) shall require each candidate to account for an early field experience before participating in a culminating field experience.

Source. #10295, eff 3-22-13

Ed 604.06 Requirements for the Culminating Field Experience.

(a) The PEPP shall require that each candidate successfully complete a sustained, and cohesive culminating field experience with sufficient opportunities to demonstrate the ability to acceptably perform the competencies described in Ed 610 and either Ed 612 or Ed 614.

(b) The culminating field experience shall require the candidate to assume the range of teaching or specialist or administrator area activities, roles, and responsibilities that demonstrate the candidate has the knowledge, skills and dispositions of a beginning educator.

(c) The PEPP shall work with the field experience supervisor supervising the candidate's culminating field experience to document a demonstration of competency in the depth and range of knowledge, skills, and dispositions detailed in Ed 610 and either Ed 612 or Ed 614 for the certification area(s) for which the program is designed.

If the certification requirements for a specialist or administrator area specify a timeframe for the culminating field experience, the PEPP shall ensure that such timeframes are completed.-Source. #10295, eff 3-22-13

Ed 604.0<u>4</u>7 <u>Field ExperienceClinical Supervision</u>.

(a) The culminating field experience supervisory system shall follow clearly articulated, written criteria for supervising candidates in the culminating field experience(s). The criteria shall include supervision of each candidate by institutional personnel or designee(s) and cooperating practitioner(s). During appropriate clinical experiences with institutional personnel and clinical educators, A PEPP shall ensure the following for each candidate:

(1) Frequent supervision;

(2) Direct observation;

(3) Evaluation; and

(4) Ongoing support.

(b) The supervision shall include, but not be limited to

, direct observation, evaluation of candidates, and follow-up conferences for providing timely, on going and meaningful feedback.

(be) The <u>clinical</u>field experience supervisor, <u>clinical educator</u>ecooperating practitioner, and candidate shall all have knowledge and understanding of <u>understand</u> the requirements in Ed <u>607 and Ed 608610</u>, <u>Ed 612</u> and the supervisory criteria. Both <u>clinical</u>field experience supervisors and <u>clinical</u> educators cooperating practitioners shall collaborate in the evaluation of candidates.

(c) The clinical supervisor shall document a demonstration of a candidate's competency in the depth and range of knowledge, skills, and dispositions detailed in Ed 607 and Ed 608 for the endorsement area(s) for which the program is designed.

(d) <u>ClinicalField experience</u> supervisors are selected based on their ability to:

(1) Recognize effective learning facilitation;

(2) Help candidates integrate academic content and pedagogy;

- (3) Mentor and support candidates, including appropriate feedback; and
- (4) Evaluate a candidate's performance as it relates to learning facilitation and student learning.

<u>Ed 604.08 Coordination of Field Experience and Cooperating Practitioners</u>. For each PEPP, an institution shall:

(a) Designate one or more persons to be responsible for coordinating and managing the field experiences, including the orientation and professional development of cooperating practitioners as mentors following clearly articulated, written criteria for mentoring practices;

(b) Provide for the supervision of each candidate by one or more field experience supervisors;

(c) Provide each cooperating practitioner with clearly articulated written criteria for mentoring practices and the requirements of the PEPP relating to field experiences;

(d) Provide each cooperating practitioner with any information concerning the candidate that may be helpful to the cooperating practitioner in mentoring the candidate, provided that provision of the information does not violate any confidentiality or privacy laws; and

(e) Designate one or more persons to develop partnerships with school districts.

#### PART Ed 605 RESOURCE STANDARDS FOR PROFESSIONAL EDUCATOR PREPARATION PROGRAMS AT THE BACCALUAREATE AND POST-BACCALAUREATE LEVELS

Ed 605.01 <u>Resources at the Post-Baccalaureate and Baccalaureate Level</u>. An institution shall have a system in place for <u>determiningealculating</u> the resources necessary to: <u>satisfy the requirements enumerated</u> in Ed 602 through Ed 608.

(a) Ensure that an individual who completes the PEPP can demonstrate the competencies in the certification standards for the certification(s) sought by the candidate; and

(b) Provide the studies and experiences to effectively prepare educators to meet the following standards that apply to the certification area(s) for which the PEPP is designed:

(1) The general education studies requirements of Ed 609;

(2) The professional education requirements of Ed 610;

(3) The major concentration area requirements of Ed 611;

(4) The specific program preparation requirements of Ed 612; and

(5) The graduate, specialist, or administrator preparation program requirements of Ed 614.

Ed 605.02 Faculty and Staff Resources. An institution and PEPP that prepares educators shall provide or adjust for adequate personnel including administration, faculty, and staff, necessary to ensure:

(a) Recruitment of diverse faculty who possess academic credentials and have experiences appropriate for:

(1) Teaching pedagogical methods:

(2) Preparing educators; and

(3) Supervising candidates;

(b) Workload assignments are commensurate with faculty and staff job descriptions and are reasonable in order to fulfill the requirements of the PEPP;

(c) Appropriate academic advising for candidates in a PEPP;

(d) Appropriate support for employment; and

(e) Sufficient support to all faculty, staff, and clinical educators for professional development related to their roles in preparing and mentoring candidates, including the granting of promotional credit and or tenure for collaboration with pk-12 schools.

Ed 605.032 Funding and Financial Accountability. For each PEPP, an institution shall:

(a) Operate on a budget prepared in accordance with generally accepted accounting principles;

(b) Keep its financial records in such form that analysis is possible at any time to determine the economic status of the institution and its PEPP(s); or

(c) <u>Hh</u>ave demonstrated financial responsibility to a regional or national accrediting agency.

Ed 605.043 Facilities. An institution shall have a system in place to:

(a) Identify and provide for the facilities, technology, and curricular materials necessary to ensure that an individual who completes the PEPP can demonstrate the competencies in the <u>licensure</u>certification standards for the <u>certificationlicense</u>(s) sought by the candidate; and

(b) Ensure that all facilities, materials, and equipment of an institution that prepares educators shall conform to applicable state and federal health and safety regulations:- and

(c) Ensure that the PEPP is following school district best practices regarding the technology, facilities, and curricular materials being used in the classroom, and making these resources available to all enrolled candidates.

## PART Ed 606 ASSESSMENT SYSTEM STANDARDS FOR PROFESSIONAL EDUCATOR PREPARATION <u>PROGRAMSAT THE BACCALUAREATE AND POST-BACCALAUREATE LEVELS</u>

#### Ed 606.01 Candidate Assessment System StandardsRequirements.

(a) <u>A PEPP shall have a candidate assessment system necessary to ensure that an individual who</u> completes the PEPP can demonstrate the competencies in the licensure standards for the license sought by the candidate.

(b) The PEPP's candidate assessment system shall ensure that:

(1) Prior to full admission into the program:

<u>a. <u>aA</u> candidate shall demonstrate proficiency in numeracy and literacy by passing a nationally approved <u>basictest of</u> academic <u>skills assessmentproficiency</u>;</u>

b. A candidate in a post-baccalaureate program has a bachelor's degree; and

c. There shall be a process in place to demonstrate the candidate has passed a criminal records check;

(2) The program identifies key assessment points and defines acceptable levels of performance<sub>1</sub> indicating a candidate's sufficient progress through the program towards demonstration of licensure standards outlined in Ed 607 and Ed 608 that are based on beginning educator program standards; and

(3) Assessment of candidate performance consists of multiple measures\_, including but not limited to observations and candidate work samples, using various methodologies with clearly articulated written performance criteria; and

(4) The assessment of candidate performance informs on going program improvement.

(b) <u>In addition to the standards outlined in (a) above</u>, <u>Ppost-baccalaureate PEPP-s shall have a data</u> collection system that includes:

(1) A determination of the extent to which each candidate can demonstrate <u>licensure standards</u> as outlined in Ed 607 and Ed 608; knowledge, skills, and dispositions required under the general education studies requirements in Ed 609 and the professional educational requirements of Ed 610, Ed 611 and Ed 612, and

(2) A process to <u>evaluatereview</u> each candidate's transcript and other evidence of degrees, including a bachelor's degree.

Ed 606.02 Program Assessment System. at the Post-Baccalaureate and Baccalaureate Level.

(a) A PEPP at the baccalaureate or post-baccalaureate level shall provide<u>have</u> an <u>a program</u> assessment system <u>that:necessary to ensure that an individual who completes the PEPP can demonstrate the</u> competencies in the certification standards for the certification(s) sought by the candidate.

(b) The assessment system shall:

(1) Continuously and systematically gathers data to monitor and improve the:

a. theCurriculum; program of study,

b. teClinical experience; he facilitation of learning

c. the aAssessment of candidates; and

d. the oOverall qualityperformance of programs;

(2) Demonstrates a process to make judgments based on the data collected;

(3) Use<u>s</u> the process for continuous program improvement to ensure the quality of individual candidate preparation;

(4) Includes data on program completers from reports that indicate the number and percentage of program graduates still working in the profession; and

(5) Includes information and data gathered for federal and state reporting requirements as well as reports required for regional and national accreditation<sub>a</sub>; and

(6) Include an analysis of state and national data relative to oversupply and critical shortage areas to ensure that programs are aligned with supply and demand.

(c) The assessment system shall be designed to ensure that a PEPP provides evidence of assessing the competencies in the following standards that apply to the certification area(s) for which the PEPP is designed as set forth in Table 606-1 below:

Ed 603.01	Curriculum at the post-baccalaureate and baccalaureate levels
Ed 603.02	Requirements for program of study
Ed 603.04	Development of curriculum
Ed 604.01	Learning facilitation at the baccalaureate and post baccalaureate level
Ed 604.02	Quality and evaluation of learning facilitation
Ed 604.03-08	Standards pertaining to field experiences
Ed 605.01	Resources at the post-baccalaureate and baccalaureate level
Ed 605.02	Funding and financial accountability
Ed 605.03	Facilities

#### Table 606-1 Assessment System

(d) Certification programs at the post baccalaureate level may lead to a post baccalaureate degree, provided that a candidate in a post-baccalaureate program shall already have a bachelor's degree.

(e) The assessment system shall be designed to ensure that a PEPP assesses how candidates are advised and counseled throughout the program.

(f) The assessment system shall include an advisory process that ensures each candidate:

(1) Understands the criteria for successfully meeting the requirements of his or her certification program;

(2) Receives support in meeting the required criteria; and

(3) When necessary, is counseled out of teacher education and advised into exploration of other career options and programs of study.

(g) The assessment system shall be designed to utilize data regarding learning indicators of pk-12 students served by the PEPP's program completers, including but not limited to data provided to the institution by the department, for purposes of program assessment and continuous program improvement.

#### Ed 606.03 Verification of a Candidate's Completion of a PEPP.

(a) The system for verification by the certification officer or a designee of each candidate's successful completion of a PEPP shall include a body of evidence that includes the successful:

(1) Demonstration on a nationally approved <u>basic academic skills assessment</u> test of proficiency in reading, writing, and mathematical skills;

(2) Completion of the appropriate degree required by the <u>licensurecertification</u> standard(s);

(3) Completion of a culminating <u>clinical</u>field experience, involving both the <u>clinical</u> field <u>experience</u> supervisor(s) and the <u>clinical educator</u> <u>cooperating practitioner</u>(s) in the evaluation of each candidate' satisfactory demonstration of Ed 610;

(4) Documentation of each candidate's acquisition of the knowledge, skills, and dispositions articulated in Ed 60<u>79 and</u>, Ed 6<u>08</u>10, Ed 611, and Ed 612 content area or Ed 614 specialist or administrator area for which the program is designed; and

(5) Process in place to demonstrate each candidate has passed a criminal records check, based on statute.

(b) If a PEPP at the post-baccalaureate level accepts knowledge gained through life experiences to satisfy PEPP requirements, the PEPP shall have a system to ensure that:

(1) No more than 1/3 of the total studies and experiences required for the PEPP shall be satisfied by life experience;

(2) The candidate provides documentation for any knowledge gained through life experience which is used to satisfy PEPP requirements; and

(3) All documentation of life experience shall be:

a. Related to specific standards, as specified in Ed 609, Ed 610, Ed 611, Ed 612 or Ed 614; and

b. Based upon clearly articulated, written criteria.

## Appendix I

Rule	Specific Statute Rules Implement
Ed 603	RSA 186:11, X(c)
Ed 604	RSA 186:11, X(c)
Ed 605	RSA 186:11, X(r)
Ed 606	RSA 186:11, X(c)



STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 25 Hall Street, Suite 304 Concord, NH 03301 TEL. (603) 271-3495 Christine M. Brennan Deputy Commissioner

## **EXECUTIVE SUMMARY**

## Initial Proposal: Ed 315 Home Education Expire Date: N/A

Submitted to the State Board of Education, February 21, 2023:

#### A. <u>ACTION NEEDED</u>

A vote is needed by the State Board of Education to approve the initial proposal to readopt with amendments Ed 315, relative to home education.

#### B. <u>RATIONALE FOR ACTION</u>

The rules are being updated to reflect statutory changes regarding notification requirements. The definitions were also updated to remove "composite results" and insert the definition of "home education."

#### C. <u>EFFECTS OF THIS ACTION</u>

If the Board approves this initial proposal, it will be submitted to the Office of Legislative Services (OLS) to begin the rulemaking process. A public hearing for these rules could be held as early as April 13, 2023.

#### D. POSSIBLE MOTION

I move that the State Board of Education approve the initial proposal for Ed 315.

Frank Edelblut Commissioner

#### Readopt with amendments Ed 315, effective 1-15-21 (Document #13158), to read as follows:

#### PART Ed 315 HOME EDUCATION

Ed 315.01 <u>Statement of Purpose</u>. The purpose of Ed 315 is to provide a process for uniform application of the requirements of RSA 193-A. These rules take into account the fact that home education is an alternative to attendance at a public or private school and is an individualized form of instruction in accordance with chapter 279:2, laws of 1990.

Ed 315.02 <u>Definitions</u>. In addition to the words defined in RSA 193-A:1, the following words shall have the meanings indicated when used in Ed 315:

(a) "Certificate of completion" means a document signed by the parent of a home educated child certifying that the child has achieved the equivalent of a high school diploma by completing a home education program;

(b) "Commissioner" means the commissioner of the New Hampshire department of education;

(c) "Composite results," means one score that is provided by the publisher of the standardized test, or the average of all such scores that have been provided by the publisher of the standardized test;

(<u>c</u><del>d</del>) "Department" means the New Hampshire department of education;

(<u>de</u>) "Educational progress" means growth in learning commensurate with age, <u>and</u> ability, <u>and/or</u> <u>disability</u> within the child's individual home education program chosen by the parent;

(<u>e</u>f) "Participating agency" means the resident district superintendent, the commissioner, or a participating nonpublic school principal;

(fg) "Teacher" means a person who holds a teaching credential issued by the New Hampshire state board of education, is licensed in state which is a party to the interstate contract, or is currently teaching in a nonpublic school.

(g) "Home education" means instruction in science, mathematics, language, government, history, health, reading, writing, spelling, the history of the constitutions of New Hampshire and the United States, and an exposure to and appreciation of art and music as provided, coordinated, or directed by a parent for his or her own child.

#### Ed 315.03 Eligibility and Program Schedule.

(a) A parent shall be eligible under these rules to establish a home education program for a child, including those defined under RSA 186-C:2, I, and I-a.

(b) Pursuant to RSA 193:1,I(b), home education shall be an alternative to compulsory attendance at a public school. Dates and hours of instruction shall not be required to coincide with the resident district

calendar. The academic term of a home education program shall not be required to coincide with the resident district academic year.

Ed 315.04 Participating Agencies: Duties and Authority.

(a) A parent shall select, as a participating agency for home education program notification and support, one of the following:

(1) The commissioner;

(2) The resident district superintendent; or

(3) The head of a nonpublic school.

(b) A parent may select a new participating agency at any time. If a parent selects a new participating agency the parent shall notify the new participating agency in accordance with Ed 315.05 and Ed 315.06.

(c) Pursuant to RSA 193-A:4, II, the selected participating agency shall work with parents upon request in meeting the requirements of RSA 193-A:4, I.

(d) A participating nonpublic school shall agree to administer the provisions of RSA 193-A and Ed 315, shall not be required to be in the resident district, and may require a fee for any request for assistance by the parent.

(e) No fee shall be required when a test utilized in the resident district is administered to the student by the resident district.

(f) A resident district acting as the participating agency may charge fees for any mutually agreed upon alternative used to satisfy the requirements of RSA 193-A or Ed 315, including, but not limited to, portfolio review.

(g) Pursuant to RSA 193-A:11, the commissioner or resident district acting as the participating agency shall not propose, adopt, or enforce any policy or procedure governing home educated pupils that is inconsistent with or more restrictive than the provisions of RSA 193-A, RSA 193:1-c, or the rules of Ed 315.

(h) On October 1 of each year, the participating agency shall notify the commissioner of the number of children for whom programs were established since the previous report.

#### Ed 315.05 Notification Requirements.

(a) Notification of a home education program pursuant to RSA 193-A:5 shall be required for a parent to comply with the compulsory attendance requirements of RSA 193:1.

(b) The parent of a student currently enrolled in a public school shall advise the resident district superintendent of the child's withdrawal from attendance in public school on or before the date the home education program shall begin.

(c) A parent shall notify the selected participating agency in writing within 5 business days of commencing a home education program. Only the information enumerated in RSA 193-A:5, II shall be required in the notice. The parent shall provide contact information and update the notification information as necessary.

(d) Any parent who previously notified the resident district superintendent of a home education program who moves from said district shall notify the original resident district superintendent that the child has moved from the district and shall provide notification pursuant to (a) above.

(ed) Within 14 days of receipt of the notification, a participating agency shall acknowledge receipt of the notification in accordance with the contact information provided by the parent, along with a request for any information required by RSA 193-A:5, II that was not included in the original notice.

Ed 315.06 <u>Notification – Termination of a Home Education Program</u>. A home education program shall remain in effect unless terminated in writing by the parent. A parent wishing to terminate a home education program shall notify the commissioner and the participating agency in writing within 15 days of termination while also satisfying any one of the alternatives for compulsory attendance listed in RSA 193:1.

Ed 315.07 Records.

(a) In accordance with RSA 193-A:6, the parent shall keep a portfolio each year the child is being home educated.

(b) The portfolio shall be the property of the parent. Access to the portfolio shall be at the parent's discretion, except as provided in RSA 193-A:6.

Ed 315.08 Annual Evaluation.

(a) The parent shall provide for an annual evaluation for a child that meets the requirements of the options enumerated in RSA 193-A:6, II.

(b) The resident district superintendent, when acting as the participating agency, shall provide evaluation services, upon request of the parent. If the resident district superintendent is not acting as the participating agency, the resident district superintendent may provide evaluation services.

(c) A parent intending to use the state or local assessment provided by the resident district shall notify the resident district superintendent in writing as soon as practicable to provide the district adequate time to prepare and obtain the testing materials.

(d) If a parent chooses to have a portfolio review as the method of evaluation pursuant to RSA 193-A:6, II(a), the parent may choose a teacher who agrees to perform evaluation services, or the parent may request the evaluation to be performed through the resident district superintendent when the resident district superintendent is acting as the participating agency.

(e) The contents of the portfolio shall comply with the requirements of RSA 193-A:6, I and include the following:

(1) The name and address of the teacher, including state recognized documentation of certification, or the name and address of the nonpublic school in which the teacher is currently teaching;

(2) The date(s) on which the evaluation(s) took place;

(3) A description of the work reviewed;

(4) A summary of the child's educational progress in the home education program concluding with a statement that the child has or has not made educational progress; and

(5) The signatures of the teacher and the parent.

(f) The parent may choose any other valid measurement tool mutually agreed upon by the parent and the participating agency as provided for in RSA 193-A:6, II(d), including but not limited to:

(1)a. Interview;

(2)b. Educational progress in a particular curriculum as measured by the parent;

(3)e. Educational progress in a particular curriculum as measured by the provider;

(4)d. Review of the child's portfolio by a participating agency;

(5)e. Evaluation by a teacher in a program recognized by any state department of education; or

(6)f. Specially prepared tests or evaluations measuring educational progress in a particular subject or curriculum.

#### Ed 315.09 The Home Education Advisory Council.

(a) The home education advisory council shall carry out those duties assigned to it by the commissioner. The council shall work with home educators and representatives of private and public education to encourage an understanding of home education.

(b) The home education advisory council shall comply with RSA 91-A. Minutes of home education advisory council meetings shall be maintained by the department.

(cb) Assigned areas of responsibility for the council shall include the following:

(1) Developing and maintaining effective communications between home educators and those public, and nonpublic schools and state and local agencies involved in home education;

(2) Recommending to the commissioner and state board of education desired changes in rules pertaining to home education;

(3) Establishing a grievance committee to hear grievances referred to it by the commissioner; and

(4) Providing an annual report to the state board on its activities.

Ed 315.10 <u>Membership Selection For the Home Education Advisory Council and Term of Appointment</u>.

(a) Membership selection for the home education advisory council shall be as specified in RSA 193-A:10, I. Council chair selection shall be as specified in RSA 193-A:10, III.

(b) Members appointed by the commissioner shall have a term of 3 years, and such terms shall end on August 31 of the year in which the term is completed. Legislative members shall serve a term which is coterminous with their elected office and will be non-voting members of the council.

(c) The conduct of business shall not depend on the maintenance of full council membership.

(d) In the event of vacancies, replacement members shall be appointed as required under RSA 193-A:10 to fill the unexpired term.

Ed 315.11 <u>Records of the Advisory Council</u>. The records and minutes of the home education advisory council shall be filed and maintained in the department.

Ed 315.1<u>1</u><sup>2</sup> <u>Funding and Support of Council Activities</u>. The members of the home education advisory council shall serve without compensation. Subject to available funds, the department shall financially support the activities of the council, including but not limited to such expenses as mileage, secretarial assistance, and meeting facilities.

\_Ed 315.123 Grievance Committee.

(a) The grievance committee shall be a subcommittee of the home education advisory council appointed by the chairperson, consisting of no more than 5 members, a majority of whom shall be representatives of home education associations. One member of the grievance committee shall be appointed by the chairperson to preside at grievance conferences.

(b) The grievance committee shall hear all grievances referred to it by the commissioner.

(c) The grievance committee shall call upon consultants and conduct interviews for the purpose of gathering relevant facts if the committee lacks relevant expertise. The grievance committee shall keep a written account of its investigations and shall submit such an account, together with its findings, to the commissioner within 30 calendar days of the commissioner's referral.

Ed 315.1<u>34</u> <u>Request for Grievance Conference</u>. Any party to a home education program may request a grievance conference as follows:

(a) Such request shall be in writing to the commissioner;

(b) The request shall state in detail the reasons for the request for a grievance conference and name the parties involved;

(c) The commissioner shall notify the requestor within 5 business days in writing that he/she has scheduled a grievance conference in accordance with Ed 3145.14 or that he/she requires additional information to clarify the issues;

(d) The requestor shall have 10 calendar days from receipt of the commissioner's request for additional information to respond with the requested information; and

(e) The commissioner shall, upon receipt of the requested information, forward the request to the chairperson of the home education advisory council who shall schedule a grievance conference in accordance with Ed 3145.15(b).

#### Ed 315.145 Grievance Conference.

(a) Upon receipt of a request concerning an action taken under these rules, the commissioner shall notify the chairperson of the home education advisory council of the request for a grievance conference, and the grievance conference shall then proceed in accordance with this section.

(b) Within 5 business days of the commissioner's notification of a request for a grievance conference, the chairperson shall schedule the conference with the parties to the grievance.

(c) At the conference, each party shall be prepared to consider:

(1) The simplification of the issues and an agreement of facts;

(2) Possibility of settlement; and

(3) Such other matters as may aid in disposition of the action.

(d) Parties to a grievance may be represented at the conference by counsel.

(e) At the grievance conference the grievance committee shall interview the parties to the grievance to reach a proposed settlement on the facts of the grievance.

(f) The grievance committee shall present its findings on unresolved grievances or report on the proposed settlement reached by the parties to the commissioner within 10 calendar days of the conference.

(g) Any settlement reached at a grievance conference shall be subject to review by the commissioner and shall not be implemented unless it is consistent with these rules and with applicable statutes.

(h) The findings shall list the pertinent facts found by the committee.

(i) If the parties do not reach a settlement prior to, or during, the grievance conference, the commissioner after reviewing the unresolved grievances shall notify the parties of her/his decision within 10 calendar days of receipt of the committee's findings.

(j) A party aggrieved by the decision of the commissioner may appeal by requesting an administrative due process hearing in accordance with Ed 200.

#### Ed 315.1<u>5</u>6 <u>Certificate of Completion</u>.

(a) Pursuant to RSA 193:1, I(f)(2), when the parent of a child under the age of 18 submits a document to the department certifying that the child has completed the home education program at the high school level, the student shall be determined to have met the requirements for successful completion of a home education program.

(b) The document containing the statement above shall also include the following information:

- (1) Name and address of the child;
- (2) Name and address of the parents;
- (3) Date of completion of the home school program;
- (4) A phone number at which the parent can be reached during normal business hours; and
- (5) Signature of the parent.

(c) A document that meets all the requirements of Ed  $315.1\frac{34}{4}$  (a) and (b) shall be conclusive evidence of completion of the parent's duty of compulsory attendance, as set forth in RSA 193:1.

(d) Documentation of receipt shall serve as proof of delivery of such certification.

Rule	Statute
Ed 315.01	RSA 193:1, I(e)
Ed 315.02	RSA 193-A:1; RSA 193-A:3
Ed 315.03	RSA 193:1,I(b)
Ed 315.04	RSA 193-A:1, I; RSA193-A:3; RSA 193-A:4, I
Ed 315.05	RSA 193-A:5
Ed 315.06	RSA 193-A:5

#### Appendix I

Ed 315.07	RSA 193-A:6
Ed 315.08	RSA 193-A:6
Ed 315.09-Ed 315.123 (previously Ed	RSA 193-A:10
<u>315.13)</u>	
Ed 315.1 <u>3</u> 4-Ed 315.1 <u>4</u> 5 (previously Ed	RSA 193-A:10, 11
<u>315.14 and Ed 315.15)</u>	
Ed 315.156 (previously Ed 315.16)	RSA 193:1, I(f)(2)



Christine Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 101 Pleasant Street Concord, N.H. 03301 TEL. (603) 271-3495 FAX (603) 271-1953

## **EXECUTIVE SUMMARY**

## Adoption: Ed 1500 Innovation Schools

Submitted to the State Board of Education, February 21, 2023:

### A. <u>ACTION NEEDED</u>

A vote is needed by the State Board of Education to adopt Ed 1500, Innovation Schools.

## B. <u>RATIONALE FOR ACTION</u>

At its meeting on January 20, 2023, the Joint Legislative Committee on Administrative Rules (JLCAR) voted, pursuant to RSA 541-A:13, V(a), to conditionally approve Final Proposal 2022-138, Ed 1500 Innovation Schools. After the Office of Legislative Services (OLS) confirmed the conditional approval response, the Board may adopt the rules.

## C. <u>EFFECTS OF THIS ACTION</u>

If the Board votes to adopt this rule, it will become effective at midnight on the day after it is submitted to OLS.

#### D. POSSIBLE MOTION

I move that the State Board of Education adopt Ed 1500 Innovation Schools.

Frank Edelblut Commissioner

#### Adopt Ed 1500 to read as follows:

#### CHAPTER Ed 1500 INNOVATION SCHOOLS

#### PART 1501 INNOVATION SCHOOLS

#### Ed 1501.01 Definitions.

(a) "Department" means the department of education, bureau of educational opportunities.

(b) "Innovation school" means a school in which a local school board implements an innovation plan pursuant to RSA 194-E:2 with the approval of the state board.

(c) "Innovation school zone" means a group of schools of a school district or multiple school districts that share common interests, such as geographical location or educational focus, or that sequentially serve classes of students as they progress through elementary and secondary education and in which a local school board implements a plan for creating an innovation school zone pursuant to RSA 194-E:2 with the approval of the state board.

(d) "State board" means the state board of education established in RSA 21-N:10.

#### Ed 1501.02 Innovation Plan.

(a) In order to be designated an innovation school, a school shall submit an innovation plan to the local school board addressing each relevant component of RSA 194-E:2, III.

(b) In order to be designated an innovation zone, a collection of schools within a single district, or a collection of schools across multiple districts, shall submit an innovation plan to each local school board, as applicable, addressing each relevant component of RSA 194-E:2. III and RSA 194-E:2, IV.

#### Ed 1501.03 Local Planning and Approval.

(a) Upon receipt of an innovation plan, the local school board shall hold a public hearing on the plan.

(b) Within 60 days of receipt of the plan, the local board shall either:

(1) Approve the plan and seek designation from the state board under Ed 1501.04; or

(2) Reject the plan and provide to the school(s) a written explanation for the basis of the decision as described under RSA 194-E:2, I(d), a copy of which shall be sent to the state board.

#### Ed 1501.04 State Approval.

(a) Upon approval of an innovation plan, the local school board(s) shall submit the innovation plan to the department for review and comment.

(b) Within 45 days, the department shall issue written feedback to the local school board(s) using the criteria identified in RSA 194-E:3, III, at which point the local school board(s) may elect to withdraw and resubmit the innovation plan.

(c) After review by the department, the local school board(s) shall submit the innovation plan to the state board for review.

(d) The state board shall hold a public hearing on the innovation plan, during which a representative from the department and a representative from the local school board shall be present.

(e) Within 60 days of receipt of the innovation plan, the state board shall either approve or reject the innovation plan based on the elements set forth in RSA 194-E:2, III-IV, and shall provide written explanation of the decision to the local board.

(f) If the state board rejects the innovation plan, the local board may resubmit an amended innovation plan to the department at any time after rejection.

Ed 1501.05 Performance Review.

(a) Two years after state board approval, and every 2 years after that, the local board shall conduct a review of the innovation plan, which shall include:

(1) A review of the progress towards the plan objectives;

(2) Improvements in academic performance of students attending the innovation school; and

(3) Any cost savings or increased efficiencies, or both.

(b) Within 30 days of completing the review of the innovation plan, the local board shall submit the review to the department, which shall analyze the results based upon data available to the department.

(c) If the department finds the innovation plan performance is not achieving the planned results, they shall notify the local board and state board, at which time the local board may respond or provide a revised innovation plan.

(d) Upon completion of the department review, the school board chair or designee shall provide a presentation to the state board at the next regularly scheduled state board meeting.

(e) The state board may revoke the innovation status at any time with notification to the local board and department, pursuant to RSA 194-E:6, IV, if the innovation plan has:

(1) Failed to progress toward objectives as laid out in the plan; or

(2) Been determined to pose a risk to student health and safety.

Ed 1501.06 <u>Reporting</u>. By January 1 of each year, the department shall provide an annual report on innovation schools and school zones to the entities identified in RSA 194-E:7, I, which shall include each of the elements identified in RSA 194-E:7, II.

Rule	Statute
Ed 1501.01	RSA 194-E:1; RSA 194-E:8
Ed 1501.02	RSA 194-E:8
Ed 1501.03	RSA 194-E:2; RSA 194-E:8

#### Appendix I

Ed 1501.04	RSA 194-E:3; RSA 194-E:6; RSA 194-E:8
Ed 1501.05	RSA 194-E:5; RSA 194-E:8
Ed 1501.06	RSA 194-E:7; RSA 194-E:8



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## **EXECUTIVE SUMMARY**

### Adopt: Ed 504.12, Ed 505.07, Ed 505.08, 505.09, Ed 512.01, and Ed 604.09– Criminal History Record Checks

Submitted to the State Board of Education February 21, 2023

#### A. <u>ACTION NEEDED</u>

A vote is needed by the State Board of Education to adopt Ed 504.12, Ed 505.07, Ed 505.08, Ed 505.09, and Ed 512.01, and Ed 604.09 regarding Criminal History Record Checks for First-Time New Hampshire Applicants and Professional Educator Preparation Program (PEPP) Candidates.

#### B. RATIONALE FOR ACTION

These rules were approved by JLCAR at their meeting on February 17, 2023.

#### C. EFFECTS OF THIS ACTION

If the Board adopts, these rules will go into effect at midnight the day after submission to OLS.

#### D. POSSIBLE MOTION

I move that the State Board of Education adopt Ed 504.12, Ed 505.07, Ed 505.08, and Ed 505.09, Ed 512.01, and Ed 604.09.

Frank Edelblut Commissioner

# Adopt 504.12, previously effective 4-26-22 (Document #13374, Interim), and expired 10-23-22, to read as follows:

Ed 504.12 Criminal History Record Check Clearance.

- (a) A criminal history records check clearance credential shall be required for any individual who:
  - (1) Seeks employment as a:
    - a. School bus driver; or
    - b. Transportation monitor; or

(2) Professional educator preparation program (PEPP) candidate prior to unsupervised placement in a field experience as described in Ed 604.

(b) Individuals currently employed as a school bus driver or transportation monitor shall apply for a criminal history record check clearance no more than 6 months and no less than 60 days prior to the expiration of their current state-issued driver's license.

(c) An applicant for a criminal history record check clearance credential shall submit:

- (1) To the department:
  - a. A completed "Criminal History Record Check Clearance" form, February 2023;

b. A copy of a valid government-issued identification (ID) including, but not limited to:

- 1. A driver's license;
- 2. A state-issued photo ID;
- 3. A passport; or
- 4. A military ID; and
- c. The applicable credentialing fee as required in Ed 505.09; and
- (2) To the department of safety:

a. A completed department of safety "Criminal History Record Release Form DSSP 382" for SAU employees, as referenced in Appendix II along with the fee indicated on the form; or

b. A completed department of safety "Contracted School Transportation Providers" form DSSP 434 as referenced in Appendix II, along with the fee indicated on the form.

(d) A criminal history records check clearance shall not be issued without the department's receipt of the applicant's criminal history record.

(e) A criminal history records check clearance credential shall be denied to any individual in accordance with Ed 512.01.

(f) A completed application for criminal history records check clearance shall be reviewed by the background check coordinator, as defined in RSA 21-N:8-a, I-a, in accordance with Ed 505.10(a)-(d).

(g) Criminal history records check clearance credentials for bus drivers and transportation monitors shall be valid:

(1) For 5 years; or

(2) Until the background check coordinator of the department:

a. Receives actual notice of a basis to deny a criminal history records check clearance credential in accordance with Ed 512.01; and

b. Provides notice of revocation of the criminal history records check clearance credentials to the bus driver and the New Hampshire department of motor vehicles.

(h) Criminal history records check clearance credentials for new bus driver applicants shall be valid for the duration of the individual's current state-issued driver's license.

(i) Criminal history records check clearance credentials for PEPP candidates shall be valid for 3 years.

(j) Renewal applications for bus drivers and transportation monitors shall be submitted no more than 6 months and no less than 60 days prior to the expiration of the criminal history records check clearance credential or current driver's license, as applicable, by submission of the requirements enumerated in (c) above.

(k) Renewal applications for PEPP candidates shall be submitted no less than 60 days prior to the expiration of the last criminal history records check clearance credential, as applicable, by submission of the requirements enumerated in (c) above.

Adopt 505.08, previously effective 4-26-22 as Ed 505.07 (Document #13374, Interim), and expired 10-23-22, to read as follows:

Ed 505.08 General Application Instructions.

(a) Persons interested in holding a New Hampshire educator credential shall complete and submit an application with the bureau either online or by mail as follows:

(1) By creating an account on the myNHDOE Educator Information System (EIS) at <u>https://my.doe.nh.gov/myNHDOE/Login/Login.aspx;</u> or

(2) Bureau of Credentialing Department of Education 101 Pleasant Street Concord, NH 03301.

(b) Applicants for any credential shall complete their application through the portal in (a)(1) above, or complete and submit the appropriate form as follows:

(1) DOE-BOC 1 "Application – Statement of Eligibility (SOE)" form, February 2023, for applicants seeking an SOE as outlined in Ed 505.06(a);

(2) DOE-BOC 2 "Application for Licensure – Educator Preparation Program Completer" form, February 2023, for all applicants seeking initial licensure or additional endorsements as outlined in Ed 505.05;

(3) DOE-BOC 3 "Educator Transmittal Form", February 2023, for all New Hampshire licensed educators seeking to renew after recommendation as outlined in Ed 509.01;

(4) Renewal application forms for New Hampshire licensed educators seeking to renew directly to the bureau, as outlined in Ed 509.02, as follows:

a. DOE-BOC 4a "DOE Renewal Application - Educator" form, February 2023;

b. DOE-BOC 4b "DOE Renewal Form Paraeducator I/ II and Educational Interpreter/Transliterator License" form, February 2023; or

c. DOE-BOC 4c "License Renewal Form for School Nurse I, II, and III" form, February 2023;

(5) DOE-BOC 5 "Emergency Authorization (EA)" form, February 2023, for senior educational officials requesting to employ an unlicensed educator as described in Ed 504.04;

(6) DOE-BOC 6 "Application for Emergency Authorization" form, February 2023, for any unlicensed educator employed by a school district for which the employer is seeking an emergency authorization as described in Ed 504.04;

(7) DOE-BOC 7 "In Process of Licensure Authorization (IPLA)" form, February 2023, for any senior educational official who seeks to hire an educator who is in the process of becoming a licensed educator as outlined in Ed 504.05;

(8) DOE-BOC 8 "Paraeducator License Application" form, February 2023, for any applicant seeking a paraeducator license as outlined in Ed 504.06 and Ed 504.07;

(9) DOE-BOC 9 "School Nurse Application" form, February 2023, for any applicant seeking a school nurse I or III license as outlined in Ed 504.08 through Ed 504.10;

(10) DOE-BOC 10 "Name Change Request" form, February 2023, for any credential holder seeking a credential issued with an official name change;

(11) DOE-BOC 11 "Application for Educational Interpreter/Transliterator for Children and Youth ages 3-22" form, February 2023, as outlined in Ed 504.11;

(12) DOE-BOC 12 "Application for Credential Verification Request" form, February 2023, for any credential holder seeking a verification of their New Hampshire credential;

(13) DOE-BOC 13 "Application for Licensure – Demonstrated Competencies" form, February 2023, for any applicant seeking licensure as outlined in Ed 505.07(b), Ed 505.07(c), and Ed 505.07(d);

(14) DOE-BOC 14 "Application for Portfolio and Oral Board Review" form, February 2023, for all applicants seeking licensure as outlined in Ed 505.07(a);

(15) DOE-BOC 15 "Intern Authorization Application" form, February 2023, for all applicants seeking licensure as outlined in Ed 504.03;

(16) DOE-BOC 16 "Site-Based Licensing Plan Completer Application" form, February 2023, for all applicants who have completed their SBLP and are ready for full licensure as outlined in Ed 505.10(f)(17);

(17) DOE-BOC 17 "Criminal History Record Check Clearance" form, February 2023, for bus drivers, transportation monitors, and Education Preparation candidates, as referenced in Ed 504.12; or

(18) DOE-BOC 18 "Criminal History Record Check First-Time NH Licenses Only" form, February 2023, as referenced in Ed 505.10(g).

(c) If an applicant provides a social security number on any application form, the social security number shall be used by the department for the purposes of generating data on teacher salaries or such other purposes as authorized by law including but not limited to RSA 161-B:11,VI-a.

(d) If an applicant chooses to provide a social security number, the applicant agrees that the social security number shall be used to search the "National Association of State Directors for Teacher Education and Certification (NASDTEC) Clearinghouse" for action taken against the applicant's license by other member states or jurisdictions. If any action is found in the NASDTEC Clearinghouse database, the application shall be referred to the governance unit for review, pursuant to Ed 511 and Ed 512.

(e) Absent a social security number, applicants will be checked against the NASDTEC clearinghouse as referenced in (d) above using other personally identifiable information, including, but not limited to name, date of birth, and address.

(f) If an applicant chooses to have the department supply an alternative number, the department shall use the number generated by the EIS and it shall be used as specified in (c) and (d) above.

(g) For Ed 505.08(b)(15), if an assessment of an applicant's background determines that some or all of the education requirements have been completed prior to application, the applicant shall not be required to repeat any requirement already completed.

(h) All individuals who have not previously held a New Hampshire state board of education issued credential shall be considered first time applicants, and shall:

- (1) Agree to a criminal history record check as required under RSA 189:13-c, III;
- (2) Agree to a central registry check as described in RSA 169-C:35, VIII; and

(3) Agree to waive the time limits prescribed by RSA 541-A:29 and acknowledge that the application will not be deemed approved or granted prior to the agency's actual receipt and review of the applicant's criminal history record check clearance.

(i) Filing of the completed application, supporting documentation, and application fee shall be the responsibility of the applicant.

(j) All applicants for any credential or endorsement issued by the state board shall acknowledge the following statements:

"By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-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/sites/g/files/ehbemt326/files/inline-documents/code\_conduct.pdf".

# Adopt 505.09, previously effective 4-26-22 as Ed 505.08 (Document #13374, Interim), and expired 10-23-22, to read as follows:

Ed 505.09 Fees.

(a) An application shall not be complete until all application materials, including the proper fee, have been filed with the bureau.

(b) Payments shall be made:

(1) Electronically at the time of application on EIS; or

(2) By cash, money order, cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire," to the bureau as outlined in Ed 505.08(a).

(c) The required educator fees shall be in accordance with RSA 186:11, X(b) and the fee schedule set forth in Table 505-1 below, with the following fees reflecting the actual cost of the service listed:

Table 505-	-1 Fee	Schedule

*All fees are non-refundable and include processing fee.		
Approved Educator Preparation Program BEL/EEL (per endorsement)	\$120.00	
Site Based Licensing Plan		
Statement of Eligibility (per endorsement)	\$50.00	
Intern Authorization (per endorsement)	\$120.00	
Upgrade to BEL/EEL (per endorsement)	\$120.00	
Demonstrated Competencies Portfolio/Oral Board		
Materials (per endorsement)	\$50.00	
Portfolio Review/Oral Board (per endorsement)	\$500.00	
BEL/EEL (per endorsement)	\$120.00	
Demonstrated Competencies National/Regional exam/licensure BEL/EEL (per endorsement)	\$120.00	
Demonstrated Competencies Transcript Analysis BEL/EEL (per Administrative endorsement)	\$500.00	
Demonstrated Competencies Experience under Out of State License BEL/EE (per endorsement)	\$120.00	
BEL/EEL/Master Teacher License Renewal (3-year cycle)	\$120.00	

Master Teacher – National Level (per endorsement)	\$120.00
Master Teacher – NH Level (per endorsement)	\$800.00
Late Renewal Filing Fee (BEL/EEL/Master Teacher only)	\$50.00
Paraeducator I	\$10.00
Paraeducator II	\$10.00
Paraeducator I and II Renewal (3-year cycle)	\$10.00
School Nurse III	\$75.00
School Nurse I, II, III Renewal (3-year cycle)	\$75.00
Educational Interpreter/Transliterator	\$25.00
Educational Interpreter/Transliterator Renewal (3-year cycle)	\$25.00
Criminal History Record Check Clearance	\$100.00
Name Change	\$50.00
Credential Verification Letter	\$25.00
Emergency Authorization (per endorsement)	\$120.00
Returned check fee (RSA 6:11-a)	<ul><li>\$15.00 (State Treasurer's fee)</li><li>\$25.00 (Bureau of Credentialing fee)</li></ul>

# Readopt with amendment and renumber Ed 505.09, effective 12-10-21 (Document #13303), as Ed 505.10 to read as follows:

Ed 505.10 <u>Applicant, Employer, and Mentor Responsibilities for Timely Review and Processing by</u> the Department.

(a) Within 30 days of receipt of any application outlined in Ed 505.08(b), the department shall notify the applicant in writing that the application has been received and either:

(1) The application is complete and pending evaluation; or

(2) The application is incomplete, and enumerate the items that the applicant shall address in order for the application to be complete.

(b) An applicant shall respond to a notification of an incomplete application by submission of the requirements enumerated in accordance with (a)(2) above within 30 days of receipt of the notification, and the department shall respond within 10 business days in accordance with (a)(1) or (2) above.

(c) If, within 30 days of initial notification of an incomplete application pursuant to (a)(2) above, the department does not receive the enumerated items pursuant to (a)(2) above, the application shall be closed and the applicant shall begin a new application, to include all fees in accordance with the fee schedule outlined in Ed 505.09.

(d) For applications outlined in Ed 505.08(b)(1)-(13), Ed 505.08(b)(17), and Ed 505.08(b)(18) as applicable, within 60 days of the department's notification of receipt of a complete application in accordance with (a) and (b) above, the department shall send notification of:

(1) Approval in the form of the digital credential for which the applicant applied;

(2) Denial in writing that outlines the specific reasons for denial, including, but not limited to:

a. A department-confirmed violation of the code of conduct outlined in Ed 510.01 through Ed 510.04; and

b. A determination that the applicant does not meet the requirements for the specified credential;

(e) For applications pursuant to Ed 505.08(b)(14), portfolio and oral board reviews, the following shall apply:

(1) The applications for portfolio and oral board review shall be open between October 1 and March 30 of every school year calendar;

(2) Complete applications for oral board review shall include all of the following:

a. Completed and filed DOE-BOC 14 "Application for Portfolio and Oral Board Review" form, February 2023;

- b. Completed and filed portfolio as outlined in (3)a. below;
- c. Payment of all fees in accordance with the fee schedule outlined in Ed 505.09; and
- d. Completed oral board review;

(3) Within 10 days of receipt of a completed application referenced in (2)a. above, the department shall determine that an individual:

a. Qualifies under this method, and shall notify the applicant in writing by providing the applicant with portfolio submission instructions and requirements for oral board scheduling which shall include, but not be limited to:

- 1. Written materials;
- 2. Video recording;
- 3. Audio recording; and
- 4. Art portfolio; or
- b. Does not qualify under this method, and shall notify the individual in writing and:

1. Provide the reasons for the determination, including, but not limited to, the qualifying criteria outlined in Ed 505.07(a)(1) and (2), which shall include a written explanation stating why the materials the applicant has submitted are not acceptable; and

2. Recommend another appropriate application method if one is available;

(4) Within 30 days of receipt of portfolio submission instructions, the applicant shall submit all portfolio materials for review to the department along with the appropriate fee in accordance with the fee schedule outlined in Ed 505.09;

(5) Within 10 days of receipt of a portfolio submission and appropriate fee in accordance with the fee schedule outlined in Ed 505.09, the department shall notify the applicant in writing that either:

a. The portfolio is complete and pending oral board scheduling; or

b. The portfolio is incomplete, and enumerate the items that the portfolio must address in order for the portfolio to be complete;

(6) An applicant shall adhere to Ed 505.10(b) and (c) for completing a portfolio submission in accordance with Ed 505.10(e)(5)b. above;

(7) Upon determination by the department that the portfolio is complete, the department shall appoint a review board consisting of one member of the department and 3 persons who hold a current experienced educator license in the area of endorsement in which the applicant is seeking to obtain a license;

(8) If, within 30 days of determination of a complete portfolio, in an effort to complete a timely oral board review, the department is unable to establish a review board as outlined in (7) above, the department shall establish a review board consisting of department staff or licensed educators;

(9) The review board shall review the applicant's application, including documentation that the applicant meets the required competencies in the area of endorsement and, at the oral board review, ask the applicant questions based upon the materials submitted;

(10) Within 30 days of completion of the oral board review, which shall constitute a complete application, the review board shall make a written recommendation to the department, based upon its evaluation of the quality of the applicant's documentation of meeting the required competencies in the area of endorsement, after considering:

- a. The materials submitted to provide the documentation; and
- b. The applicant's oral responses to the board's questions regarding the documentation;

(11) Within 30 days of the conclusion and recommendation of the oral board interview, the department shall issue a decision in writing stating the reasons for the decision under (10) above along with, if applicable, a beginning educator license or additional endorsement; and

(12) An applicant may appeal a decision made by the department to deny an application for a credential under this part pursuant to Ed 200.

(f) For applications pursuant to Ed 505.08(b)(15) and Ed 505.08(b)(18) as applicable, the process for establishing a SBLP for an intern authorization credential resulting in full beginning educator licensure or additional endorsement shall be as follows:

(1) The SOE credential holder and assigned mentor pursuant to Ed 505.06(d) shall download and complete the required SBLP application materials as follows:

a. The forms demonstrating acquired competencies pursuant to Ed 505.03, Ed 505.04, and Ed 506 through Ed 508, as applicable, and how each competency was acquired; and

b. "Intern Authorization Application" form, February 2023;

(2) The SBLP application materials shall be developed collaboratively and agreed to by the SOE credential holder, the mentor, and the senior educational official;

(3) Within 60 days of the SOE credential holder's first day of employment pursuant to Ed 505.06(c), the senior educational official shall upload the completed, approved, and signed SBLP into the department's EIS;

(4) Within 180 days of the first day of employment pursuant to Ed 505.06(c), the SOE credential holder shall be credentialed under an intern authorization following the procedures outlined in (5) through (23) below;

(5) Within 5 business days of the upload specified in (3) above, the candidate shall complete and file the form referenced in (f)(1) above, along with the appropriate fee pursuant to Ed 505.09;

(6) The department shall review the plan to ensure all of the following are included:

a. An assessment of the competencies of the applicant as enumerated in Ed 505.03 and Ed 505.04, if applicable, and the endorsement area enumerated in Ed 506, Ed 507, or Ed 508 as applicable, based on the endorsement sought;

b. A plan that includes the competency to be acquired, the projected completion date, and the evidence to be provided upon completion which is directly related to, and substantiates meeting, the competency within the period of the plan;

c. Activities that will be undertaken to acquire the competencies in b. above, which shall include, but not be limited to:

- 1. Additional coursework;
- 2. On the job training; and
- 3. Professional development; and

d. A signature page which certifies that the plan was developed collaboratively and agreed to by the applicant, the mentor, and the senior educational official;

(7) Within 30 days of receipt of the form referenced in (f)(1) above, the department shall notify the applicant that either:

a. The plan is complete and pending evaluation; or

b. The plan is incomplete, and enumerate the items that the applicant must address in order for the application to be complete;

(8) An applicant shall respond to a notification of an incomplete application by submission of the requirements enumerated in accordance with (7)b. above within 15 days of receipt of the notification and the department shall respond within 10 business days in accordance with (7)a. or b. above;

(9) If, within 30 days of receipt of an initial notification of an incomplete application pursuant to (7)b. above, the department does not receive the enumerated items pursuant to (7)b. above, the application shall be closed and the applicant shall start over with a new application, to include all fees in accordance with the fee schedule outlined in Ed 505.09;

(10) Within 30 days of receipt of a complete application, the department shall send written notification to the senior educational official and the applicant of either:

a. Approval in the form of an intern authorization in the endorsement area for which the applicant applied, if the department determines that:

1. The assessment of the competencies of the applicant meet the requirements as enumerated in Ed 505.03 and Ed 505.04, and the endorsement area enumerated in Ed 506, Ed 507, or Ed 508 as applicable based on the endorsement sought;

2. The plan, including the competency to be acquired, the activity to be undertaken, the projected completion date, and the evidence to be provided upon completion, are directly related to and will substantiate meeting the competency within the period of the plan; and

3. The plan was developed collaboratively and agreed to by the applicant, the mentor, and the senior educational official; or

b. Denial after a determination that the plan does not meet the requirements outlined in Ed 505.10(f)(9)a. 1. through 3. above;

(11) A SOE credential holder in receipt of a denial pursuant to (10)b. above may reapply for an intern authorization, to include the fee in accordance with the fee schedule outlined in Ed 505.09, under the following circumstances:

a. The 180-day time period in (4) above has not lapsed and will not lapse during the new application period; and

b. The SOE credential holder shall not apply for an intern authorization more than twice per endorsement;

(12) Upon approval of the plan, the department shall grant an intern authorization, valid for up to 3 years from the first date of employment in the endorsement area sought, to coincide with the time period in the plan, limited to no more than twice per endorsement;

(13) A SBLP shall be canceled, and the intern authorization shall automatically expire, if the applicant fails to attain the skills and knowledge agreed to by the applicant within the time frame specified by the plan;

(14) The department, at the request of the senior educational official, shall grant an extension to the intern authorization period of not more than one year to accommodate an issue outside of the applicant's control which prevents timely completion of the plan including, but not limited to:

a. Illness of the applicant or immediate member of the applicant's family; or

b. Availability of a required course within the timeframe of the plan where no comparable course is available;

(15) The senior educational official, in consultation with the mentor, shall file a report at the end of each school year attesting to the applicant's progress toward meeting the requirements of the plan;

(16) Once a completed plan is filed with the department, the applicant may:

a. Obtain employment in a similar position with another school employer provided that:

1. The duration for plan completion does not change;

2. The department is notified in writing of the change in place of employment; and

3. The plan is revised as follows:

(i) Approved by the mentor assigned in the new school of employment;

(ii) Approved by the senior educational official in the new school of employment; and

(iii) Resubmitted to the department for approval pursuant to the timeline outlined in Ed 505.10(f)(6)-(10); or

b. Have an intern authorization deactivated upon loss of employment until such time as the educator gains employment with another employer as described in (15)a. above so long as the total duration of time employed under an active plan shall not exceed 3 years;

(17) Within 5 business days of the upload specified in (16) above, the intern shall complete and file a "Site-Based Licensing Plan Completer Application" form, February 2023, along with the appropriate fee pursuant to Ed 505.09;

(18) The senior educational official shall complete and upload to the EIS a final report for department review attesting to the intern's completion of the SBLP which shall include:

a. A copy of the plan, including:

1. The competency to be acquired;

2. The activity to be undertaken;

3. The projected completion date; and

4. The evidence to be provided upon completion;

b. The evidence of plan completion; and

c. A signature page which certifies that the completed plan was reviewed and approved by the applicant, the mentor, and the senior educational official;

(19) The department shall, within 30 days of receipt of the form referenced in (f)(17) above, notify the applicant that either:

a. The application is complete and pending evaluation; or

b. The application is incomplete, and enumerate the items that the applicant must address in order for the application to be complete;

(20) An applicant shall respond to a notification following the timeline established in (8) and (9) above;

(21) Within 60 days of the department's receipt of the form referenced in (f)(17) above, the department shall send written notification to the senior educational official and the applicant of either:

a. Approval in the form of an intern authorization in the endorsement area for which the applicant applied if the department determines that the final report documents confirm that the intern has met all the competencies and requirements for full licensure; or

b. A determination that the completion documentation, the final report, or both, do not reflect the documentation required by the approved plan to indicate that the candidate has met all of the competencies and requirements for full licensure and outlines the documentation required to support completion of the plan;

(22) Upon receipt of notification that the department does not approve the application in accordance with (21)b. above, the senior educational official shall, within 10 business days, upload the required documentation to support completion of the plan or the intern authorization shall expire in accordance with Ed 505.10(f)(13); and

(23) Applicants shall receive a beginning educator license or added endorsement on an existing license after approval by the bureau pursuant to (21)a. above.

# Adopt 512.01, previously effective 4-26-22 (Document #13374, Interim), and expired 10-23-22, to read as follows:

Ed 512.01 Denial of Credential.

(a) A credential application shall be denied by the state board based on the following grounds:

(1) Failure to meet the conditions for issuance of the license, endorsement, renewal, or reinstatement;

(2) The applicant has been charged pending disposition for, or convicted, of any violation or attempted violation of one of the statutes listed in RSA 189:13-a, V, or has been convicted of any felony in any other state, territory, or country;

(3) The applicant is confirmed to have a finding of abuse as described in RSA 169-C:35;

(4) The applicant is under investigation for, under suspension for, or has been revoked for a violation of the principles of professional conduct enumerated in Ed 510.01 through Ed 510.04; or

(5) The applicant is under investigation, under suspension, or has been revoked in any other state, jurisdiction, territory, or country.

(b) An applicant aggrieved by the decision of the department to deny an application may file a petition for reconsideration along with supporting documentation to the director within 20 days after receipt of the denial decision. If the petition for reconsideration is denied, the applicant may appeal the department's decision pursuant to RSA 21-N:11, III, and Ed 200.

# Adopt 604.09, previously effective 4-26-22 (Document #13374, Interim), and expired 10-23-22, to read as follows:

#### Ed 604.09 Criminal History Records Check Credential.

(a) A professional educator preparation program (PEPP) candidate shall apply for a criminal history records check clearance credential as outlined in Ed 504.12. A criminal history records check clearance credential shall be required for any candidate who has been selected or admitted into a state board approved PEPP.

(b) PEPPs shall not place candidates in or allow candidates to commence any unsupervised field experience as described in Ed 604 without the candidate first obtaining a criminal history records check clearance credential.

(c) Failure by a candidate to obtain a state board-issued criminal history records check clearance credential due to a finding under Ed 512.01(a)(3) shall result in a denial of admission into the PEPP's program.

(d) A candidate may appeal a denial of a credential in accordance with Ed 512.01(b).

#### Appendix I

Rule	Specific Statute the Rule Implements
Ed 504.12	RSA 21-N:9, II(s); RSA 21-N:9, II(y); RSA 186:11, X(a); RSA 189:13-b(II); RSA 189:13-b
Ed 505.07	RSA 21-N:9, II(s); RSA 186:11, X(a) and (b)
Ed 505.08	RSA 186:11, X(a) and (b); RSA 200:29
Ed 505.09	RSA 186:11, X(a); RSA 541-A:29
Ed 512.01	RSA 186:11, X(a)
Ed 604.09	RSA 189:13-c, (II)(b)

Rule	Title	Obtain at
Ed 504.12(c)(2)a	Criminal History Record Release Form, DSSP382, Effective 10/1/16	https://www.nhsp.dos.nh.gov/resource s/documents-and-forms
Ed 504.12(c)(2)b	Contracted School Transportation Providers	New Hampshire Department of Safety Division of State Police, Central Repository for Criminal Records, 33 Hazen Drive, Concord, NH 03305

## Appendix II





State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 Help Desk

Bureau of Crede	entialing office use only:	
Date Received:		
Fee amount:		
Check #:		

#### APPLICATION -STATEMENT OF ELIGIBILTY (SOE)

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

**PAYMENT**: Cash, money order or cashier's check, or school employer check on behalf of applicants, \$50 per endorsement made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

#### ALL \*Fields are Required

-	Security Number (optional)				
Name:	* First N	ame MI	* Last Name	Former Name	
Gender:	Male	Female	*Date of Birth		
Are you: (c	heck one)	No, not Hispanic or Latin	Yes, Hispa	anic or Latino	
What is you	ur race? ( Indica	te one or more)			
Number of	f Years of educat	or experience: In-State	Number of Years of educato	r experience: Out of State	
Pu	blic	Private	Public	Private	
* Mailing A	Address:				
	Stree	t / PO Box	City	State	Zip
	*Primary T	elephone Number	*Alternat	te Telephone Number	
*Primary Email Address			*Alterr	nate Email Address	

DEGREE COLLEGE

#### \*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)	<u>STATE</u>	<u>DISTRICT</u>	<u>POSITION</u>	ASSIGNMENT	T/SUBJECT	<u>GRADE</u>	<u>CERTIFIED</u>	(Y/N)
A.								Y	Ν
В								Y	Ν
C.								Y	Ν
D.								Y	N
E.								Y	N
F.								Y	Ν
	PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY (example: Biology (SHORT); Mathematics (CLGRCS); Elementary Education (EEEK8) ;Health Science (CTESA)								
	SHORT (Critic	cal Shortage List)	CTESA Career and T	Fechnical Pathway S	specialty Area	NOPATH No	other Avail	able	
	NEWEND New	v Endorsement	BUSAD Business Ad	ministrator		CLGCRS 10	College-Lev	vel Courses	
	EEK8Element	ary Education K-8	EEECE Elementary	y Education K-6 or	r Early Childho	ood Education			

#### 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?		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?		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/sites/g/files/ehbemt326/files/inline-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/sites/g/files/ehbemt326/files/inline-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 <u>NOT</u> 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 <u>NOT</u> be mailed to your place of employment.



State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 Click here for the Help Desk

Bureau of Crede	entialing office use only	:
Date Received:		
Fee amount:		
Check #:		

#### **APPLICATION FOR LICENSURE**

#### EDUCATOR PREPARATION COMPLETER

			LDUCITION			
INSTRUC	CTIONS: Th	us is a fillable form, pl	ease type dire	ctly into it, print and sign befo	ore mailing.	
PAYMEN	T: Enclose no	on-refundable processin	g fee of <b>\$120.0</b>	)0.		
Payment o	ptions: Cash,	money order or cashier	's check, or scl	hool employer check on behalf	of applicants, <b>made payable t</b>	0
"Treasure	er, State of No	ew Hampshire" See Fo	ee Schedule or	our website for all fees.		
ALL *Fields	are Require	d –				
·	Number(option	,			ID # (if known)	
The applicant agrees t Name:	that the social security	number shall be used to search the "Na	tional Association of Sta	te Directors for Teacher Education and Certification	(NASDTEC)" Clearinghouse in accordance with H	Ed 505.08(d)
i vanie.						
	* First	t Name	MI	* Last Name	Former Name	
Gender:	Male	Female		*Date of Birth		
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Are you: (ch	leck one)	No, not Hispa	inic or Latin	Y es, Hisp	anic or Latino	
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What is you	r race? (Indi	cate one or more)				
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Inumber of 1	rears of educ	ator experience: In-S	otate	Number of Years of educate	or experience: Out of State	
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	St	reet / PO Box		City	State	Zip
	*Primary	<b>Telephone Number</b>		*Alterna	te Telephone Number	
	*Prima	ry Email Address		*Alter	nate Email Address	
		•				

DEGREE COLLEGE

#### \*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)	<u>STATE</u>	<u>DISTRICT</u>	<u>POSITION</u>	ASSIGNMENT/SUBJECT	<u>GRADE</u>	<u>CERTIFIED</u>	(Y/N)
A.							Y	Ν
В							Y	Ν
C.							Y	Ν
D.							Y	N
E.							Y	N
F.							Y	Ν
G.							Y	N

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY (example: Biology (AEPPNH); Mathematics (AEPPOS);

AEPPNH- Approved Educator Preparation Program-New Hampshire AEPPOS- Approved Educator Preparation Program-Out-of-State

#### PLEASE CHECK APPROPRIATE ANSWERS

*Have you ever held a New Hampshire certificate?		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.
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as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code of Conduct may
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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/sites/g/files/ehbemt326/files/inline-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 <u>NOT</u> 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 <u>NOT</u> be mailed to your place of employment.



For Credentialing Office use only:			
Date Received:			
Fee amount:			
Check #:			



State of New Hampshire, Department of Education **Bureau of Credentialing** 101 Pleasant Street Concord, N.H. 03301 **Click Here for the Help Desk** 

## **Educator Transmittal Form**

License Renewal for Educators recommended for renewal by employer who choose to pay by check

Note: Senior Educational Official will make the renewal recommendation online.

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

> PAYMENT: Enclose non-refundable processing fee \$120.00. Payment options accepted: Cash, money order, cashier's check, or employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees. Note: Please add an additional 50.00 late fee for an expired license.

If you are a Beginning Educator recommended for an upgrade to an Experienced Educator, please contact your Senior Educational Official. Mail this letter with your Transmittal form.

#### **ALL \*Fields are Required**

Social Security Number (optional)				EdID # (if known	1)		
The applica	ant agrees that the social s	security number shall be used to search the	e "National Association of State Directors for	or Teacher Education and Certification (NA	ASDTEC)" Clearinghouse in accord	dance with Ed 505.08(d)	
Name:	:	* First Name	МІ	* Last Name		Former na	me(s)
Gender:	Male	Female		*Date of Birth			
Are you: (	check one)	No, not	Hispanic or Latin		Yes, Hispanic or l	Latino	
What is ye	our race? ( In	dicate one or more)					
Number o	f Years of edu	ucator experience: In	n-State	Number of Years of	educator experien	ce: Out of State	
1	Public	Private		Public	Pr	ivate	
* Mailing	Address:						
		Street / PO Box		С	City	State	Zip
	*Prim	ary Telephone Numb	er	ł	*Alternate Telepho	one Number	
*Primary Email Address				*Alternate Emai	il Address		

## ANY EMPLOYED EDUCATOR WHOSE CREDENTIAL HAS EXPIRED AND HAS NOT RENEWED BY JUNE 30th OF THE YEAR THE CREDENTIAL IS DUE, WILL BE SUBJECT TO A \$ 50.00 LATE FEE.

NOTE: The Special Education Teacher/Early Childhood Special Education Teacher endorsement must be maintained in order to renew a categorical area (Emotional and Behavioral Disabilities, Specific Learning Disabilities, Intellectual and Developmental Disabilities and Physical and Health Disabilities)

I **DO NOT** wish to renew this endorsement(s) from my list:

#### PLEASE CHECK APPROPRIATE ANSWERS

*Have you ever held a New Hampshire	Yes	No
certificate? 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	Yes	No
country? 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/sites/g/files/ehbemt326/files/inline-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, https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-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 <u>NOT</u> 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.



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A	+

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For Bureau of Credentialing use only:				
Date Received:				
Fee amount:				
Check #:				

## **DOE RENEWAL APPLICATION - Educator**

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing. Fields with an \* are required.

PAYMENT: Enclose non-refundable processing fee based on the fee schedule on Page 4 of this application. Payment options accepted: Cash, money order, cashier's check, or employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

#### Note: Please add an additional \$50.00 late fee for renewing an expired license.

Social Security Number (optional) The applicant agrees that the social security number shall be used to search the "National Association of State Directors for Te Name:		• or Teacher Education and Certification		(if known) in accordance with Ed 505.08(d)		
	*First Name	*MI	*Last Name		Former name	
Gender:	Male	Female	*Date of	Birth		
Are you: (c	heck one)	No, not Hispanic or Lat	in	Yes, His	panic or Latino	
What is your	race? (Indicate o	ne or more)				
Years educate	or experience		Years educat	tor experience	- <u>Out of State</u>	
Public	2	Private	Publ	lic	Private	
* Mailing A	Address:					
	Sti	reet / PO Box		City	State	Zip
	* Primary Tele	ephone number		Alter	nate Telephone	
*Primary email Address				*Altern	ate email address	

If you have entered your Professional Development online in EIS and are using this form to pay by check/money order or with cash at the office, please enter "COMPLETED ONLINE" in Section A. Sections B (Individual Professional Development Plan - IPDP) and C (misconduct questions) are required for all paper applications.

PLEASE BE SURE TO UPDATE YOUR NAME AND MAILING ADDRESS ABOVE. State mail is not forwarded and your certificate will be "returned to sender" if mailed with outdated information.

#### <u>Section A</u> (indicate if Professional Development already entered online in EIS)

30 Continuing Education Units specific to each endorsement				
Additional sheets may be attached if necessary.				
Activity Type	Date(s)	# of Hours	Activity Title/Description	Provider/Location

45 Continuing Education Units aligned with Ed 505.07 Professional Education				
Additional sheets may be attached if necessary.				
Activity Type         Date(s)         # of Hours         Activity Title/Description         Provider/Location				

Section B (Required)		
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN Goals for next 3-year renewal cycle		
PERIOD OF PLAN: 20 20	ENDORSEMENT AREA(S):	

• What are your goals for satisfying the requirement for 30 continuing education units for each endorsement area in which you are certified? How do you anticipate the activities could affect student learning?

- What are your goals for satisfying the requirement for 45 hours aligned with Professional Education Requirements (Ed 505.03)? How do you anticipate the activities could affect student learning?
- Describe how your Individual Plan (IPDP) is linked to the NH Department of Education Statewide Professional Development Master Plan http://education.nh.gov/certification/statewide\_prof.htm or for employed Superintendents, your local Professional Development Master Plan.

#### Section C \*

#### PLEASE CHECK APPROPRIATE ANSWERS

*Have you ever held a New Hampshire certificate?			No
If yes, what year did it expire	and under what name		
*Have you ever been convicted of a felony?			No
*Have you ever had a teaching credential revoked?			No
*Have you ever surrendered your teaching credent	ial 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/sites/g/files/ehbemt326/files/inline-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/sites/g/files/ehbemt326/files/inline-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 do not submit supporting evidence documents at this time.** You may be contacted to provide verification of Professional Development activities if you are selected for a renewal audit.





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

## **DOE Renewal Form**

### Paraeducator I/ II and Educational Interpreter/Transliterator License

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

PAYMENT: Enclose non-refundable processing fee (\$10 for Paraeducator I/ II <u>or</u> \$25 for Educational Interpreter/ Transliterator). Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

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

Social Security Number (optional)		-	EdID # (if kr	own)		
	The applicant agrees that the social se	ecurity number shall be used to search the "Na	tional Association of State Directors for Teacl	her Education and Certification (NASD	TEC)" Clearinghouse in accordance with Ed 5	05.08(d)
Name:	* First Name	* MI	* Last Name		Former name	
Gender:	Male	Female *Date of Birth				
Are you: (check one) No, not Hispania		nnic or Latin	Yes, Hisp	anic or Latino		
What is yo	ur race? (Indicate (	one or more)				
Years educ	cator experience		Years non-	-public school expe	erience	
In-state Out-of-state		In-state		Out-of-state		
* Mailing A	Address:		I			
	Street / I	PO Box		City	State	Zip
* Primary Telephone number			Alterna	nte Telephone		
	*Primary em	ail Address		*Alternat	e email address	

Please fill in the areas below listing activities completed to meet the licensure requirements- if you need more space attach extra paper.

PLEASE NOTE: you may be contacted to provide verification and documentation of completion of these activities.

A minimum of 50 continuing education units of related professional development activities is required.Date(s)#of HoursActivity TitleName of Organization

#### 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	v 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/sites/g/files/ehbemt326/files/inline-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/sites/g/files/ehbemt326/files/inline-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

**PLEASE NOTE:** United States Postal Mail will <u>NOT</u> 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 <u>NOT</u> be mailed to your place of employment.

\*Date



State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301

Click Here for the Help Desk

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

## License Renewal Form for School Nurse I, II, and III

INSTRUCTIONS: <u>This is a fillab</u>		This is a fillable form,	please type directly into	it, print and sign b	efore mailing.	
PAYMENT:	check on behal	fundable renewal fee of \$ f of applicants, made pays r website for all fees.				
	PLEASE COMI	PLETE ALL INFORMA	FION (ANYTHING WI	TH * IS REQUIRE	CD) (Print or Type)	
Social Security nun	nber (optional)	-	-	EdID	# (if known)	
Name	The applicant agrees that the soci	al security number shall be used to search the "N	vational Association of State Directors for Te	acher Education and Certification (N	ASDTEC)" Clearinghouse in accordance with	Ed 505.08(d)
	* First Name	* MI	* Last Name		Former name	
Gender:	Male	Female	*Dat	e of Birth		
Are you: (c	heck one)	No, not Hispa	nnic or Latin	Yes, His	panic or Latino	
What is you	ur race? (Indicate	one or more)				
Years educ	ator experience		Years non	-public experienc	e	
In-	state	Out-of-state	In-state		Out-of-state	
* Mailing A	Address:		I			
	Street /	PO Box		City	State	Zip
	* Primary Tele	phone number		Alter	nate Telephone	
	*Primary er	nail Address		*Altern	ate email address	
License R	enewal: Please Ch	eck one				
S		wal: Please submit a ver s of this renewal applica		in a BSN program	with an expected comp	pletion date
S	School Nurse II					

School Nurse III

PLEASE NOTE: you may be contacted to provide verification and documentation of completion of these activities.

A minimum of 45 continuing education units of School Nurse related professional development activities.Date(s)#of HoursActivity TitleName of Organization

#### 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/sites/g/files/ehbemt326/files/inline-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. <u>https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf</u>

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



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State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 <u>Click here for the Help Desk</u>

For Bureau of Credentialing use only:

Date Received:

## EMERGENCY AUTHORIZATION (EA)

#### ALL \*Fields are Required

	rity Number		he "National Association of State	Directors for Teacher Education and	EdID # (if known) Certification (NASDTEC)" Clearinghouse in acc	cordance with Ed 505.08(d).
Name:	5	,				
manie:		* First Name	MI	* Last Na	me	Former name
Gender:	Male	Female		*Date of Birth		
* Mailing A	Address:					
		Street / PO Box		City	State	Zip
	* Pri	mary Telephone Numbe	r		*Alternate Telephone N	Number
	*F	Primary Email Address			*Alternate Email Ad	dress
Informatio	on from Em	ployer:				
* Date o	of Hire			*Major Assig	gnment Endorsement Area	
* Is this a Ti	itle I School	? YES NO	* Is this	a Title I Position?	YES NO	
* SAU‡	# or Agency	/ Name		* School Na	ame	
		andidate visit <u>https://nhd</u>	for a pepm.atlassian.net/w	one school year. viki/spaces/CHD/overv	nt by the SAU is authorized for a set the set of the se	
		and remote testing		needed for issuance o Year 2022– 2023	f a Statement of Eligibility.	
*Print Nan	ne: Senior	Educational Official	*D	ate * Senio	or Educational Official Si	gnature
S	chool Ema	il Address	*D	ate Author	rized NHDOE Credential	ing Signature
		EQUAL OPPO		ESS: RELAY NH 711 R – EQUAL EDUCATIO	ONAL OPPORTUNITIES	_



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Bureau of Credentialing			
101 Pleasant Street	Date		
Concord, N.H. 03301	Received:		
Click here for the Help Desk			
	Fee amount.		

## APPLICATION FOR EMERGENCY AUTHORIZATION

#### (To Be Completed By Candidate)

This is not an application for licensure. INSTRUCTIONS: This is a fillable form, Please also submit with this form a transcript with registrar's signature conferring at least a Bachelor's degree. Please type directly into it, print and sign before mailing.

PAYMENT: Enclose non-refundable processing fee of \$120.00. Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

-

#### **ALL \*Fields are Required**

Social Security Number(optional)

EdID # (if known)

The applicant agrees that the social security number shall be used to search the "National Association of State Directors for Teacher Education and Certification (NASDTEC)" Clearinghouse in accordance with Ed 505.08(d) Name:

		* First Name	MI	* Last Name	) )	Former Name
Gender:	Male	Female		*Date of Birth		
Are you: (c)	heck one)	No, not H	lispanic or Latin		Yes, Hispanic or Latin	0
What is you	ır race? ( In	dicate one or more)				
* Number o	of Years of e	educator experience: In-S	tate	* Number of Years of	f educator experience:	Out of State
Pul	blic	Private		Public	Private	
* Mailing A	ddress:					
		Street / PO Box		City	State	Zip
	* Pri	mary Telephone Number		*A	Alternate Telephone Nu	ımber
	*P	rimary Email Address			*Alternate Email Addı	ress

Page 1 of 3

DEGREE COLLEGE

STATE MAJOR

#### \*Educational Employment Record

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

PLEASE CHECK APPROPRIATE ANSWERS

*Have you ever held a New Hampshire certificate?			No
and under what name			
*Have you ever been convicted of a felony?			
*Have you ever had a teaching credential revoked?			No
*Have you ever surrendered your teaching credential in any other state or country?			No
r state?		Yes	No
	and under what name	and under what name ? atial in any other state or country?	and under what name Yes ? Yes tial in any other state or country? Yes

#### IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

An Emergency Authorization is not a license and shall not be renewable. Employment by the SAU is authorized for the above individual for one school year.

#### School Year 2022 - 2023

	*By checking this box, I certify that I have read the Educator Code of Ethics.
	https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-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/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf
L	

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





ALL \*Fields are Required

State of New Hampshire, Department of Education **Bureau of Credentialing** 101 Pleasant Street Concord, N.H. 03301 Click here for the Help Desk

**Bureau of Credentialing Use Only** 

**Date Received** 

## IN PROCESS OF LICENSURE AUTHORIZATION (IPLA) School Year 2022-2023

<u>Informat</u>	tion from (	<u>Candidate</u>		
Social Secu	irity Numbe	r		Ed
Name:				
i (unic)		* First Name	МІ	* Last
Gender:	Male	Female		*Date of Birth

Are you: (check one) No, not Hispanic or Latin

What is your race? (Indicate one or more)

Number of Years of educator experience: In-State

Public

\* Mailing Address:

Street / PO Box

Private

\* Primary Telephone Number

\*Primary Email Address

Public Private

Number of Years of educator experience: Out of State

Yes, Hispanic or Latino

EdID # (if known)

\* Last Name

City

Zip

Maiden Name

\*Alternate Telephone Number

State

\*Alternate Email Address

**Information from Employer** 

We have confirmed with the Department of Education Credentialing Office that this candidate has applied/paid the fee for full licensure. This candidate has been found by the Credentialing Office to be eligible for issuance of full licensure upon receipt of passing test scores as indicated below.

**Date of Hire** 

**Major Assignment Endorsement Area** 

SAU# or Agency Name

**School Name** 

Praxis Core Test Scheduled (Provide Date)

Praxis Content Test Scheduled (Provide Date and Test Number) Pearson's Foundations of Reading Test Scheduled (Provide Date)

Please visit Credentialing HD Knowledge Base to find out more about test center closure status and remote testing options.

THIS FORM ALLOWS THE CANDIDATE UP TO ONE SCHOOL YEAR TO COMPLETE THE LICENSURE PROCESS.

AN IPLA IS NOT RENEWABLE.

## THIS IPLA IS ISSUED FOR THE SCHOOL YEAR **2022-2023** AN IPLA IS NOT RENEWABLE.

Email for SAU receipt of finalized form

\*Print Name: Senior Educational Official

Date

\*Senior Educational Official Signature

Authorized NHDOE Credentialing Signature

IF YOU FAX or EMAIL THIS FORM, PLEASE DO NOT ALSO MAIL THE ORIGINAL





State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 <u>Click here for the Help Desk</u>

For	Credentialing	office	use	only:	
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Date Received:

Fee amount:

Check #:

## PARAEDUCATOR LICENSE APPLICATION

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

**PAYMENT:** Enclose **non-refundable** processing fee of \$10.00. Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

#### PLEASE CHECK WHICH PARAEDUCATOR LEVEL YOU ARE REQUESTING:

Paraeducator I:	<b>br I:</b> Submit a notarized copy of High School Diploma or GED with the application.					
	Subm	nit the documents descri	ibed in ONE o	f the following options.		
Paraeducator II	A.	Official college transc college credits.		te's or Bachelor's degree	e conferred OR showing	g a minimum of 48
	В.	6	passing scores	chool sealed envelope <b>O</b> s for the ParaPro Assessm		e .
	C.	Official High School t GED	ranscript in a s	chool sealed envelope O	<b>R</b> notarized copy of Hi	gh School Diploma or
		AND				
		be checked as met with at the college level. <b>E</b>	h evidence indi vidence for En	and Professional Develo icated in the assessment o <b>glish and Math must b</b> o ating how all competenci	column. Activities used at the second year co	d as evidence must be
ALL *Fields are Requi	ired					
Social Security Number (op	tional)	-	-	EdID	# (if known)	
The applicant agrees that the social security nu	umber shall be used	d to search the "National Association of S	tate Directors for Teacher	Education and Certification (NASDTEC)" C	Clearinghouse in accordance with Ed 505.0	08(d)
Name:	* First N	lame	MI	* Last Name	2	Former Name
Gender: Male	Fe	emale		*Date of Birth		
Are you: (check one)		No, not Hispanic	e or Latin		Yes, Hispanic or Latir	10
What is your race? ( Indi	icate one o	or more)				
Number of Years of educ	ator expe	erience: In-State		Number of Years of e	ducator experience:	Out of State
Public	Pı	rivate		Public	Private	

\* Mailing Address:

	Street / PO Box		City	State	Zip
	* Primary Telephone Number			*Alternate Telephone Numl	ber
Educationa	*Primary Email Address l Information:			*Alternate Email Address	5
	me of High School	State	Curriculur	n	Date Granted
COLLEGE: DEGREE	COLLEGE	STATE	MAJOR		DATE GRANTED
PLEASE CHECK APPROPRIATE ANSWERS Have you ever held a New Hampshire certificate? Yes No					
If yes, what ye	ear did it expire	and under what nan	ne		
*Have you ever	been convicted of a felony?			Yes	No
*Have you ever had a teaching credential revoked? Yes					No
*Have you ever	*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					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/sites/g/files/ehbemt326/files/inline-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/sites/g/files/ehbemt326/files/inline-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

PLEASEUnited States Postal Mail will NOT be forwarded if your address changes after we receive this form. You must notify us of<br/>your new address, and/or change of name. Credentials will NOT be mailed to your place of employment.





State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 <u>Click here for the Help Desk</u>

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. <u>School Nurse Memo</u> Check the box to indicate which School Nurse Certificate you are applying for:

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing. PAYMENT: Enclose non-refundable processing fee of \$75.00. Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

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 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 COMPLE	ETE ALL INFORMATION (ANYTHING WITH * IS REQUIRED) (Print or Type)

Social Security Number (optional)			EdID #	EdID # (if known)			
The applicant agree	s that the social security number sha	all be used to search the "Natio	nal Association of State Directors for Tea	cher Education and Certification (NAS	DTEC)" Clearinghouse in accor	rdance with Ed 505.08(d)	
Name:	* First N	ame	* MI	* Last Name		*Former Name	
Gender:	Male	Female		*Date of Birth			
Are you: (	(check one)	No, not	t Hispanic or Latino		Yes, Hispani	c or Latino	
What is yo	our ethnic origin? (	(Indicate one or	more)				
* Mailing	Address:						
		Street / PO Box	x		City	State	Zip
* Primary Telephone number				Alternate	e Telephone		
	*Primar	y email Address			*Alternate	email address	

### Educational Information: \*HIGH SCHOOL:

Ν	ame of High School	State	Curriculum	Date Granted
*COLLEGE/N	URSING PROGRAM INFORMATIC	DN:		
DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED

#### DOCUMENT SUBMISSION:

School Nurse I and III applications and fee must be mailed together along with required supporting documentation to the address

in the header above.

#### PLEASE CHECK APPROPRIATE ANSWERS

*Have you ever held a New Hampshire certificate?			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?			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/sites/g/files/ehbemt326/files/inline-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
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https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-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





State of New Hampshire, Department Of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 <u>Click here for the Help Desk</u>

For Bureau of	Credentialing use only:
Date	
Received:	. <u> </u>
Fee amount:	<u>.                                    </u>
Check #:	

## Name Change Request

### $\sim$ ~ ALL AREAS ARE REQUIRED TO BE COMPLETED ~ ~

Enclose non-refundable processing fee of \$ 50.00. Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

Educator ID #:	<u>OR</u>	Social S	Security Number (optional)	
			The applicant agrees that the social security number shall be used to search the "National Association of State Directors for Teacher Education and Certification (NASDTEC)" Clearinghouse in accordance with Ed 505.08(d)	
Date of Birth		OLD INFORMATION:		
I have changed m	y:	Name	Address	
My former name on file is:				
			(please Type or Print clearly)	

#### **NEW INFORMATION:**

Name:	Last	Former Name	First	MI
Are you: (check one)	No, not Hispanic or Latino	Yes, Hispani	c or Latino	

Teaching Experience – In-state		<b>Teaching Experier</b>	ice – Out of State	
Public	Private	Public	Private	
*Mailing Address: Home Phone	Street or PO Box	City Alternate Phone:	State 2	Zip
	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 a	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 credentia	l in any other state or country?	Yes	No
*Are you currently being investigated in any other st	tate?	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/sites/g/files/ehbemt326/files/inline-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, https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-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



State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 <u>Click here for the Help Desk</u>

For Bureau of C	redentialing use only:	
Date Received:		
Fee amount:		
Check #:		

# APPLICATION FOR Educational Interpreter/ Transliterator for Children and Youth ages 3-22

Enclose **non-refundable** processing fee of \$ 25.00. Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

ALL *Fie	elds are Require	d				
-	v Number(optional)	-	-		)# (if known)	
The applicant agree	es that the social security nu	mber shall be used to search the	"National Association of State Di	rectors for Teacher Education and 0	Certification (NASDTEC)" Clearingh	nouse in accordance with Ed 505.08(d)
Name:						
	*	First Name	MI	* Last Nai	ne	Former Name
Gender:	Male	Female		*Date of Birth		
Are you: (	check one)	No, not ]	Hispanic or Latin		Yes, Hispanic or Lati	no
What is yo	our race? ( Indica	te one or more)				
Number of	f Years of educat	or experience: In-St	ate	Number of Years of	educator experience:	Out of State
Pu	ıblic	Private		Public	Private	
* Mailing	Address:					
	Str	eet / PO Box		City	State	Zip
	* Primar	y Telephone Number			*Alternate Telephone N	lumber
	*Prim	ary Email Address			*Alternate Email Ad	dress

DEGREE COLLEGE

STATE MAJOR

#### \*Educational Employment Record

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

#### 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/sites/g/files/ehbemt326/files/inline-documents/code_ethics.pdf
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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



State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord , N. H. 03301 <u>Click here for the Help Desk</u>

For Bureau of C	credentialing use only:
Date Received:	
Fee amount:	
Check #:	

# APPLICATION FOR CREDENTIAL VERIFICATION REQUEST

This is not an application for licensure. Enclose **non-refundable** processing fee of \$ 25.00. Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

ALL *Fields a	re Required					
Social Security Num	iber(optional)			Ed	ID # (if known)	
The applicant agrees that the s	ocial security number shall be	used to search the "National A	ssociation of State Directors for Teacher	r Education and Certification (NASDTEC)"	Clearinghouse in accordance with Ed 505.	08(d)
Name:						
	* Firs	t Name	MI	* Last Nam	ne	Former Name
Gender: N	ſale	Female		*Date of Birth		
Are you: (check	one)	No, not l	Hispanic or Latin		Yes, Hispanic or Latin	10
What is your rac	ce? ( Indicate or	ne or more)				
Number of Year	s of educator ex	perience: In-St	ate	Number of Years of	educator experience:	Out of State
Public		Private		Public	Private	
* Mailing Addres	ss:					
	Street / PO Bo	X		City	State	Zip
	* Primary Tel	ephone Number			*Alternate Telephone	Number
	*Primary Ema	nil Address			*Alternate Email Add	ress
Verification Desi	gnee:					
* Mailing Addres	Name: ss:			Instit	ution:	
	Street / PO Bo	X		City	State	Zip

*Col	lege Info	ormation				
DEGR	REE	COLLEGE		STATE	MAJOR	DATE GRANTED
*Educ	cational	Employment F	Record			
	DATE(S	) STATE	DISTRICT	POSITION	ASSIGNMENT/SUBJECT	GRADE CERTIFIED (Y/N)
A.						
В						
C.						
D.						
E.						
F.						
G.						

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

#### 

		State of New Hampshir of Credentialing 101 Pleasant Street Concord, N.H. 03301 <u>Click here for the Help</u>	-	of Education Bureau	Bureau of Credentialing offic Date Received: Fee amount: Check #:	-
PAYMENT: End	close non-refund	able form, please type direction able form, please type direction able processing fee. Accept	ctly into it, prin pted payment fo	EMONSTRATED COMPETENCII <u>at and sign before mailing</u> . orms: Cash, money order or cashi Hampshire''. See <u>Fee Schedule</u> on	er's check, or school employer	
ALL *Fields a Social Security N The applicant agrees th Name:	umber (optiona	mber shall be used to search the "Nation	al Association of State	EdII Directors for Teacher Education and Certification * Last Name	<b>D # (if known)</b> (NASDTEC)" Clearinghouse in accordance wi <b>Former Na</b> t	
Gender:	Male	Female		*Date of Birth		
Are you: (che	ck one)	No, not Hispanic	or Latin	Yes, Hisp	anic or Latino	
What is your	race? (Indicate	one or more)				
Number of Ye	ears of educator	experience: In-State		Number of Years of educator ex	sperience: Out of State	
Pub	lic	Private		Public	Private	
* Mailing Add	lress:					
	Str	eet / PO Box		City	State	Zip
	*Primary 1	elephone Number		*Alterna	te Telephone Number	
	*Primar	y Email Address		*Alter	rnate Email Address	

DEGREE COLLEGE

#### \*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>	DISTRICT	<u>POSITION</u>	ASSIGNMENT/SUBJECT	<u>GRADE</u>	<u>CERTIFIEL</u>	<b>D</b> (Y/N)
A.							Y	Ν
В							Y	Ν
C.							Y	Ν
D.							Y	Ν
E.							Y	Ν
F.							Y	Ν
G.							Y	Ν
	DI E							

PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED AND BY WHICH PATHWAY (example: Biology (DCNR); Mathematics (DCEX); Principal (DCTA)

DCNR National/Regional License DCEX Experience Out-of-State DCTA Transcript Analysis

#### 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/sites/g/files/ehbemt326/files/inline-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/sites/g/files/ehbemt326/files/inline-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 <u>NOT</u> 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 <u>NOT</u> be mailed to your place of employment.



State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 <u>Click here for the Help Desk</u>

Bureau of Credentialing office use only:			
Date Received:			
Fee amount:			
Check #:			

#### APPLICATION FOR PORTFOLIO AND ORAL BOARD REVIEW

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

**PAYMENT**: Enclose **non-refundable** processing fee. Accepted payments are: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on on our website for all fees.

#### ALL \*Fields are Required

Social Security Number (optional)		EdID # (if known)			
The app	plicant agrees that the social securi	y number shall be used to search the "National Association of State	Directors for Teacher Education and Certification (NASDTEC)"	Clearinghouse in accordance with Ed 505.08(d)	
Name:	* First N	ame MI	* Last Name	Former Name	
Gender:	Male	Female	*Date of Birth		
Are you: (cl	heck one)	No, not Hispanic or Latin	Yes, Hisp	anic or Latino	
What is you	ır race? ( Indica	te one or more)			
Number of	Years of educate	or experience: In-State	Number of Years of educato	r experience: Out of State	
Pul	blic	Private	Public	Private	
* Mailing A	ddress:				
	Stree	t / PO Box	City	State	Zip
	*Primary T	elephone Number	*Alterna	te Telephone Number	
	*Primary	Email Address	*Alter	nate Email Address	

DEGREE COLLEGE

#### \*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)	<u>STATE</u>	<u>DISTRICT</u>	<u>POSITION</u>	ASSIGNMENT/SUBJECT	<u>GRADE</u>	<u>CERTIFIED</u>	(Y/N)
A.							Y	Ν
В							Y	Ν
C.							Y	Ν
D.							Y	Ν
E.							Y	N
F.							Y	N
G.							Y	Ν

# DCPOB- Portfolio/ Oral Board

#### PLEASE LIST THE SPECIFIC AREAS IN WHICH YOU WISH TO BE CERTIFIED (example: Biology (DCPOB);

#### 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/sites/g/files/ehbemt326/files/inline-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/sites/g/files/ehbemt326/files/inline-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 <u>NOT</u> 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 <u>NOT</u> be mailed to your place of employment.



State of New Hampshire, Department of Education
Bureau of Credentialing
101 Pleasant Street
Concord, N.H. 03301
Click here for the Help Desk

For Bureau of Cr	edentialing use only:	
Date Received:		
Fee amount:		
Check #:		

# **Intern Authorization Application**

Your Site-Based Licensing plan for

has been submitted.

(endorsement to be filled in by applicant)

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing. PAYMENT: Enclose non-refundable processing fee of \$120.00. Accepted payments are: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

#### ALL \*Fields are Required

Social Security	Number (optional		EdID # (i	if known)
The applicant a	agrees that the social security	number shall be used to search the "National Association of State Director	s for Teacher Education and Certification (NASDTEC)" Clearingho	buse in accordance with Ed 505.08(d)
Name:				
	* First	Name MI	* Last Name	Former Name
Gender:	Male	Female	*Date of Birth	
Are you: (cl	heck one)	No, not Hispanic or Latin	Yes, Hispa	nic or Latino
What is you	ır raca? ( Indi	cate one or more)		
vv nat 15 you		cate one of more)		
Number of	Years of educa	ator experience: In-State	Number of Years of educator	experience: Out of State
Pul	blic	Private	Public	Private
1 0.	one	Titvatt	Tuble	Tilvac
* Mailing A	ddress:			
	Stı	reet / PO Box	City	State Zip
			- 0	I
	*Primary	Telephone Number	*Alterna	te Telephone Number
	*Prima	ry Email Address	*Altori	nate Email Address
	1 1 1114	1 J Landin / Kuul 055	Aitti	nuve 22man / 1441 (35)

*Have you ever held a New Hampshire certificate?		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?		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/sites/g/files/ehbemt326/files/inline-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/sites/g/files/ehbemt326/files/inline-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 <u>NOT</u> 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 <u>NOT</u> be mailed to your place of employment.



State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 <u>Click here for the Help Desk</u>

For Bureau of Credentialing use only:			
Date Received:			
Fee amount:			
Check #:			

# Site-Based Licensing Plan Completer Application

Your completed Site-Based Licensing Plan for

has been submitted.

(endorsement to be filled in by applicant)

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing. PAYMENT: Enclose non-refundable processing fee of \$120.00. Accepted forms of payment: Cash, money order or cashier's check, or school employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See <u>Fee Schedule</u> on our website for all fees.

ALL	*Fields	are	Req	uired
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Social Security Number (optional) EdID # (if known)		· · · ·		
-		* Last Name	Former Name	
Male	Female	*Date of Birth		
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#### PLEASE CHECK APPROPRIATE ANSWERS

*Have you ever held a New Hampshire certificate?		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/sites/g/files/ehbemt326/files/inline-documents/code_ethics.pdf
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https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-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 <u>NOT</u> 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 <u>NOT</u> be mailed to your place of employment.



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# **Criminal History Record Check Clearance**

. I	NSTRUCTIONS: This is a fillable form,	please type dire	ectly into it, print and s	ign before mailing. I	Do not E-Mail this form.
	PAYMENT: Enclose non-refundable pro State of New Hampshire". See Fee Sched	-	•		de payable to "Treasurer,
		(Please Ty	pe or Print Clearly)		
PERSONA	L INFORMATION:				
Educator ID # Social Security Number (optional): Date of I			e of Birth		
The applicant agrees that the social security number shall be used to search the "National Association of State Directors for Teacher Education and Certification (NASDTEC)" Clearinghouse in accordance with Ed 505.08(d)					
Name:	Last		First	MI	Former Name
Mailing Add	dress: Street Address		City	State	Zip
Home Phone			Alternate Phone:		
Primary Email	address		Alternate Email ac	ldress	
Is	this a new Application or Renewal? Plea	ase check one	New Applicant	Renew	ral
	School Bus Driver	Submit this	application, a copy of a	valid drivers license, a	nd \$100 fee.
		All applicants for school bus driver licensure are subject to a criminal history records check in accordance with RSA 189⊲3-b.			a criminal history
	Transportation Monitor	Submit this application, government issued ID, and the \$100 fee. All applicants for transportation monitor licensure are subject to a criminal history records check in accordance with RSA 189d3-b.			
Institution Na	Ed Prep Program Candidates	All Education	application, a governmen onal Preparation Progran cordance with RSA 189⊲	n candidates are subject	00 fee. to a criminal history records

#### PLEASE CHECK APPROPRIATE ANSWERS

Have you ever held a New Hampshire Criminal History Record Check Clearance?		Yes	No
If yes, what year did it expire and under what nam	le		
*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.<br/>https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code\_ethics.pdfBy checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that the<br/>Educator Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational<br/>Professionals; (2) Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical<br/>Use of Technology, which as a certified educator, I am obligated to follow. A founded violation of any of the principles of the<br/>Educator Code of Conduct may result in a written reprimand, suspension or revocation of my Educator credential.<br/>Additionally, in so certifying, I understand that pursuant to Ed 510.05, I have a duty to report any suspected violation of the<br/>code of conduct. Failure to report a suspected violation of the Educator code of conduct may result in a written reprimand,<br/>suspension or revocation of my Educator credential.<br/>https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-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. By signing this document I agree that I am subject to a criminal history records check in accordance with RSA 189:13-a,c. By executing this agreement, I hereby waive the time limits prescribed by RSA 541-A:29 and acknowledge that this application will not be deemed approved or granted prior to the agency's actual receipt and review of my Criminal History Record Check Clearance.

\*SIGNATURE

\*DATE



State of New Hampshire, Department of Education Bureau of Credentialing 101 Pleasant Street Concord, N.H. 03301 Click here for the Help Desk

For Bureau of	Credentialing use only:
Date	
Received:	<u>.</u>
Fee amount:	· <u>·</u>
Check #:	

# Criminal History Record Check Clearance First time NH licensees only

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing. Do not E-Mail this form.

Please submit a copy for your Drivers License or Government Issued ID with this application.

PAYMENT: Enclose non-refundable processing fee of \$100.00 Cash, money order, or check, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for return check fee. (Please Type or Print Clearly)

#### **PERSONAL INFORMATION:**

Educator ID #	Date of Birth	Social S	Security # (optional)		
	The applicant agrees that the social security for Teacher Education and Certific	/ number shall be used to search the ation (NASDTEC)" Clearinghouse in a			
	Last	First	Form	ner Name	M
Name:					
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Primary Email address:		Alternate Email address:			
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PLEASE CHECK APP	ROPRIATE ANSWERS:				
*Have you ever been co	nvicted 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

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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. By signing this document I agree that I am subject to a criminal history records check in accordance with RSA 189:13-c as well as a check for findings of abuse on the Division for Children Youth & Families (DCYF) central registry pursuant to RSA 169:C-35, and subject to other states central registry lists. By executing this agreement, I hereby waive the time limits prescribed by RSA 541-A:29 and acknowledge that this application will not be deemed approved or granted prior to the agency's actual receipt and review of my Criminal History Record Check Clearance.

*SIGNATURE	*DATE	
GIGINATORE	Page 1	
	TDD ACCESS: RELAY NH 711	
DOE-BOC18	EQUAL OPPORTUNITY EMPLOYER – EQUAL EDUCATIONAL OPPORTUNITIES	Revised: February 2023

# New Hampshire State Board of Education Minutes of the January 12, 2023, Meeting

### AGENDA ITEM I. CALL TO ORDER

The regular meeting of the State Board of Education convened at 10:05 a.m. Drew Cline presided as Chair.

Members present: Ryan Terrell, Phil Nazzaro, Ann Lane, Sally Griffin (remote) and Drew Cline (chair). Richard Sala and Kate Cassady were not in attendance due to prior commitments. Also in attendance were Commissioner of Education, Frank Edelblut and Deputy Commissioner, Christine Brennan.

#### AGENDA ITEM II. PLEDGE OF ALLEGIANCE

Drew Cline led the pledge of allegiance.

## AGENDA ITEM III. PUBLIC COMMENT

<u>Bill Furbush</u>, Superintendent of Epping School District, shared concern over a collective bargaining agreement in Epping that failed by 25 votes. The vote was due to an inability by community members to pay their taxes. Education continues to get more expensive. He shared concern that the system is not sustainable. He lost 21 teachers due to the loss of funding.

<u>Michael Tursi</u>, Superintendent of Shaker Regional School District, highlighted student leadership opportunities and achievements. At Belmont High School, a student leadership group was created with the goal to incorporate student voices into decision making and designing the future of the school. The group analyzed the school mascot image and whether it met the two general goals of having a mascot: representing and unifying the school and community. The group decided the profile view of a native American did not represent these goals. They presented a new mascot to the Shaker Regional School Board. The new mascot is a red fox. Students at Canterbury Elementary School engaged in learning about the U.S. Constitution. Teachers and students shared hopes and dreams for the new school year. They collaborated to generate rules that would allow all class members to achieve these hopes and dreams. They created a classroom constitution and developed a student delegate group representing grades K-5. The team of delegates created a schoolwide constitution.

<u>Lillian (Lilly) Oncoro</u>, a junior at Franklin High School, stated she won the title of Outstanding Teen. She was required to come up with a social impact initiative. She came up with the initiative, Music Education and Unity (ME&U). She shared a brochure with board members.

Reuben Duncan, Superintendent of Jaffrey-Rindge Cooperative School District, provided handouts to board members. The district's mission is to inspire, engage, and empower all learners to thrive in their lives and community. The district has shifted to an innovative ecosystem model which focuses on empowering the teachers and schools to make decisions. The goal is to build together rather than creating buy in. A leadership academy was created for teachers giving all teachers the opportunity to grow and lead in their own way. They have a partnership with Franklin Pierce University and are working on an additional MOU on graduate level learners and internships.

#### AGENDA ITEM IV. PRESENTATIONS/REPORTS/UPDATES

#### A. Canterbury Withdrawal Feasibility Initial Study Report

Canterbury has requested an extension for one year. The Board previously not sure if they were able to grant a one-year extension or multiple 180-day extensions. After review of the law, there is no allowance for granting multiple extensions.

Canterbury representative stated two warrant articles were prepared. One for if the Board granted the extension and one for if they did not.

## AGENDA ITEM V. COUNCIL FOR TEACHER EDUCATION (CTE)

## A. Keene State College (KSC) – program approval

Laura Stoneking, NHED, Administrator, Bureau of Educator Preparation and Higher Education, introduced Dr. Tanya Sturtz, Director of Educator Preparation (KSC), Dr. Steve Bigaj, Coordinator for Graduate Education (KSC), and Kathryn McCurdy, representing Council for Teacher Education (CTE).

Laura Stoneking stated KSC went through an Option 4 Council for the Accreditation of Educator Preparation (CAEP) review. KSC's programs are currently all CAEP accredited.

Ann Lane stated in July 2022, the State Board approved the elimination of a series of programs at University of New Hampshire (UNH). Some of those same programs are being approved for KSC. She asked why KSC is more successful in getting enrollment for these programs or if the needs of the state have changed in 6 months. Tanya Sturtz responded the enrollment numbers are included in the report. KSC is known for its teacher prep programs, which results in a large population of education students. Education is the largest major at KSC.

Chair Cline stated there has been declines in enrollment in teacher prep programs across the state. The report shows similar trends in that elementary education has the largest enrollment. He asked how KSC sees the connection between where students are enrolling, and the critical shortage area needs of school districts. Tanya Sturtz responded the biggest form of recruitment into education is based upon former teachers. The decrease in interest in secondary education could be a result of the stress in schools at the secondary level. KSC are increasing recruitment efforts focusing on science and math. Chair Cline asked if there are any conversations to encourage applicants to go to the shortage areas in terms of ease of finding positions in those fields. Tanya Sturtz stated all options are discussed with applicants. Most students can get jobs in all areas, but options are still encouraged. Steve Bigaj added they have a lot of discussion at the graduate level for career shifters.

Chair Cline asked about the programs with limited enrollment and how KSC makes decisions about when to end a program. Tanya Sturtz responded science educagtion is currently on hold, but she is constantly asking to bring it back. Modern language is also being taught out.

Ryan Terrell asked about the four tenants and the mission statement goals in terms of the learning needs of diverse populations. Tanya Sturtz responded diversity includes ethnicity, race, social economic, disabilities, etc. In the methods and field experiences, students get to know the population and needs of multiple schools to understand how meeting the needs differs between schools. Steve Bigaj added special ed curriculum is being integrated into general education programs.

Ryan Terrell asked about reference in the tenants to the political nature of education. Tanya Sturtz responded all 100 level courses are aimed to prepare students for the realities of what is happening in schools. The courses touch on the laws, funding, and how to meet student needs. Elementary education students are required to take a social justice course to challenge the views they grew up with and to think critically.

Ryan Terrell stated that the vision statement says, the vision of the educator preparation program is to graduate professionals in the field of education who are advocates for social justice and equity. Tanya Sturtz stated some of the language may need to be reviewed and updated. Ann Lane stated the language suggests the focus is on creating advocates for social justice and equity, there may be a failure to create individuals who can effectively reach every child.

Chair Cline asked for the definition of social justice. Tanya Sturtz responded there are multiple classes that can be used to meet the social justice requirement. Classes include education in emergencies, sociology, critical ethnic studies, women, and gender studies. Tanya Sturtz's personal definition of social justice is understanding everything happening around us and being open to understanding both perspectives before making a choice or moving forward. Steve Bagaj added the overall purpose is to meet the needs of all students.

Sally Griffin asked where future science and math teachers are coming from. Tanya Sturtz responded there are more site-based licensing in those areas for people who are changing careers. Solving the problem requires advocating the areas in high schools.

Phil Nazzaro stated there is a political nature to some of the language in the mission statement. There is a shortage of people who want to be teachers. He asked if there is a possibility of potential candidates being alienated who do not want to be part of the ongoing political division in the country. Tanya Sturtz stated the language was put together years ago and is on the website. However, when representatives go into the classrooms, language being used is different and there are larger conversations. She is noting the comments being made by the Board surrounding the language. The mission statement has not been reviewed and Tanya Sturtz will investigate the language. Steve Bagaj stated the CAEP accreditation language has a strong theme around diversity, equity, and inclusion.

The site visit assessed the institution critically on how well they meet those areas. That is a driving force of how to frame their mission and work.

Chair Cline suggested tabling the discussion to get more information including course descriptions. Laura Stoneking stated if there is not an approval at the February meeting, the programs will expire. Chair Cline stated conditional approval can be given in February to extend the deadline if there are still concerns. The Board has concerns over certain courses.

Phil Nazzaro suggested a conditional approval now rather than waiting for February. Laura Stoneking stated conditional approval is typically based upon unmet standards and asked what standards are currently unmet that the institution needs to correct. Tanya Sturtz stated some of the courses have been discontinued, but there is a lag in updating course descriptions, getting the course catalog updated, and then updating the website.

Ryan Terrell stated that he is unhappy with a lot of the language. However, he understands that there is a critical need for teachers. He stated he would be very disappointed if the programs were approved, and changes were not made by KSC in terms of language and requirements. Laura Stoneking questioned what administrative rule under the ed prep rules, does KSC not have.

Chair Cline responded a rule does not have to be stated to give conditional approval. A request for more information is also a valid reason to grant conditional approval. Tanya Sturtz stated a 6-month approval would give KSC time to update their language and report back to the Board. Sally Griffin would also like to see efforts to increase recruitment for math and science.

Chair Cline requested a vote to table while the Board seeks information from counsel.

After obtaining advice from counsel, Chair Cline shared based upon the State Board of Education rules, there are four possible approvals. This approval is under the national accreditation approval, which only gives the option to approve or not approve the programs. There is no option for a short-term approval or extension. The only option is to table it until February or approve the program. A decision will be made prior to the program expiration.

- Motion: Ann Lane made the motion, seconded by Ryan Terrell, that the State Board of Education table the discussion.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

## B. <u>Rivier University – substantive change</u>

Laura Stoneking introduced Dr. Diane Monico, Director of Ed Prep at Rivier, and Dr. John Gleason, Dean. Over the past 2-3 years, work has been done to collate documentation in educator preparation (PEPP) at the Department and streamline processes. In 2013/2014, there was shift in how PEPP approvals were documented and reported to the public. When that shift occurred, something went awry with Rivier. The licensure only option for their programs had been inadvertently taken off their roster and the accompanying document is missing. The Council for Teacher Education (CTE) asked Rivier to provide the process used to analyze transcript analysis and requirements for licensure for post-graduate, licensure only pathways.

Motion: Ann Lane made the motion, seconded by Phil Nazzaro, that the State Board of Education accept and approve the substantive change to reinstate the licensure only pathway for all 14 PEPPs with alignment of December 30, 2026, expiration date. Vote: The motion was approved by unanimous vote by the State Board of Education.

## AGENDA ITEM VI. PUBLIC HEARINGS

Public hearings opened at 11:01 a.m. and closed at 11:41 a.m. with no public comment.

A. <u>Undergrad Prep Program Standards (Ed 612.03, Ed 612.15, Ed 612.20,</u> Ed 612.30)

B. <u>Comprehensive Agriculture Educator (Ed 507.04)</u>

## C. Administrator Prep Programs (Ed 614.04, Ed 614.05)

Public hearings opened at 11:41 a.m. and closed at 12:13 p.m. with no public comment.

# D. Interpreter/Transliterator (Ed 504.11)

E. <u>Speech Language Specialist & Business Administrator Preparation</u> <u>Programs (Ed 614.09, Ed 614.12)</u>

F. <u>Comprehensive Business Educator (Ed 507.49)</u>

# AGENDA ITEM VII. BUREAU OF CREDENTIALING OPPORTUNITIES

- A. Office of Charter Schools
  - 1. Academy of Science and Design Public Charter School charter amendment

5355

Jen Cava, Director, stated the Academy of Science and Design (ASD) is in its 16<sup>th</sup> year of operation. She has been director for 12 years. Also in attendance was Melissa Merhalski, Development Coordinator and Admissions, Kym Harmon, Business Manager, Rick Bartle, Chairman of the Board, Ken Johnson, Board, and Ryan Hale, Board of Trustees.

Jen Cava shared ASD is a STEM focused, chartered public school located in Nashua. They serve students grades 6-12. When the school opened, there were 30 students. They have expanded to 550 students. They secured their own building. They are requesting to add 5<sup>th</sup> grade to the program and expand enrollment cap from 600 students to 800 students.

The primary reason for adding 5<sup>th</sup> grade is the enhancement of the program. Early exposure to STEM has advantages and gives them a strong foundation to be successful. They will start with a small pilot program to ensure mindful, intentional growth. Many students who enroll in 6<sup>th</sup> grade come during the natural change from elementary to middle school. Some elementary schools end after 4<sup>th</sup> grade. Students who want to attend ASD must then go to a middle school for one year before transferring. Offering 5<sup>th</sup> grade would allow a smooth transition for more students. The increase in maximum enrollment will allow the school flexibility as they expand. A cap of 800 allows the absorption of 5<sup>th</sup> grade and growing as driven by enrollment.

Rick Bartle stated the board looks to be able to serve a larger community. There are 34 towns represented in the school's population, but they want to serve more. Space was previously a restriction, which was solved when they bought a building that doubles space. The board then considered how to create a logical approach to growing. The amendments are part of a larger strategy to meet the needs of the most students possible. The addition of 5<sup>th</sup> grade is mapped out over 5 years to see how it is integrated into population of the school.

Ann Lane asked the success of students who come at higher grade levels compared to a student who starts in 6<sup>th</sup> grade. Jen Cava responded a large entry point is 9<sup>th</sup> grade from schools all over the state with very different levels of preparation. Staff meet with new families prior to starting at the school to help them understand how students will progress through the program based upon their needs. Information is reinforced throughout the middle school years. Summer school programs are offered to help students transitioning into the school.

Chair Cline asked why they did not ask for 1200 students now that the space has doubled. Rick Bartle responded there are ideas on how to use the extra space other than with classrooms. For example, they might have a robotics lab or something similar. A lecture space may allow guest lecturers or larger populations.

Chair Cline asked if they have considered opening additional locations based on their success over the past 16 years. The program would be beneficial to NH students. Rick Bartle responded there have been conversations in the strategic planning committees about the future. One challenge is access to funding. Purchasing the new building has empowered the board to consider the possibility of a second location in the future.

Ryan Terrell asked for a best practice that families can utilize to support STEM learning at home. Jen Cava responded a strength for their school is the teachers are very passionate and think outside of the box to create learning experiences for students. The passion of the teachers and the excitement it passes onto students build their confidence.

Motion: Ann Lane made the motion, seconded by Ryan Terrell, that the State Board of Education approve the amendments of the Academy of Science and Designs Chartered Public School charter.

5356

- Vote: The motion was approved by unanimous vote by the State Board of Education.
- B. Learn Everywhere Programs
  - 1. Izzit.org renewal

Tim Carney, NHED, stated Izzit.org is requesting a 5-year renewal. Dean Graziano, Vice President, shared the student page is ready to go and applications are open. Three parents have requested information. As students apply, they receive an email offering orientation for families. The class is high in rigor. He plans to be personally available to support students twice a week in the afternoon and evening. The program will include feedback from students at the end of the semester to constantly keep improving.

- Motion: Ann Lane made the motion, seconded by Phil Nazzaro, that the State Board of Education approve the Izzit.org Learn Everywhere renewal application.
- Vote: The motion was approved by unanimous vote by the State Board of Education.
  - 2. XR Terra new application

Tim Carney requested the Board consider the 1-year approval of the XR Terra Learn Everywhere application. Marc Dean Millot, Advisory Director, stated XR Terra is an online training company in virtual and augmented reality. It started in 2019 around bootcamps to train individuals who were interested in entering the field, which lacked educational roots. Dean has experience in public school reform, school improvement, and education technology. They have been interested in high school to give students a learning setting they could never go to on their own.

The company received a grant from the 3M foundation in Minneapolis to start a high school course teaching students how to create and experience augmented reality environments. Another grant was received from The Verizon Foundation for training K-12 teachers to use XR in the classroom. They have been working on getting grant for a high school summer grant. They have a relationship with World Academy because they have experience bringing education topics down to a lower level. They offer a free high school teacher course, which has not been as popular.

Ryan Terrell asked which sectors of the economy where AR could be adopted. Dean responded the largest AR driven games Roblox and Minecraft each have roughly 100 million users a month. Half of each of those users are 16 and under. This shows a culture changing trend as kids are becoming literate in XR. AR developing jobs are increasing. The fastest growing area is in manufacturing, manufacturing design, and maintenance/repair of manufacturing. In medical, training could take place virtually.

The trainings do not incorporate headsets or visual devices into the training because when creating the experience, the added value of the headset is minimal. The headset technology may also become obsolete.

- Motion: Ann Lane made the motion, seconded by Sally Griffin, that the State Board of Education approve the XR Terra LLC Learn Everywhere application.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

#### AGENDA ITEM VIII. LEGISLATIVE UPDATES

#### A. Initial Proposal – ESOL Teacher (Ed 507.17)

Julie Shea, NHED, Administrative Rules Coordinator, introduced Beth McClure, Professional Standards Board (PSB) subcommittee chair, and NHED colleague Wendy Perron. Steve Appleby, NHED, Division Director was also in attendance.

Ann Lane asked about language on page 6 of the initial proposal to make it easier to understand. Beth McClure responded the idea is allowing students to meet competencies, but their language does not have to be perfect. Julie Shea added from a rule's perspective, technical language can be used if it will be understood by someone who is teaching ESOL. Chair Cline suggested the subcommittee try to simplify the language prior to the final proposal.

Julie Shea stated there was previous discussion about language in C1(e). Chair Cline specified the language is not clear considering they are the requirements a teacher must demonstrate. He asked if applicants will be expected to demonstrate the requirements and if so, how they would be able to do that. Beth McClure responded the goal is to set out the competencies for the licensure. It is up to the intuitions of higher education (IHE) or mentor to assess. The candidate could create a paper to describe the characteristics.

Phil Nazzaro noted language in paragraph 2. Some of the language reads like activities rather than objectives. Beth McClure responded they varied language to keep from being repetitive but agreed examine is not a measurable objective. The Board and guests discussed measurable language in the initial proposal.

Chair Cline asked about the use of the word advocacy on page 3 of the initial proposal. Beth McClure responded it could apply to a situation where a student in high school has an international transcript and placement when English is not their first language.

Julie Shea stated previously the Board asked how the new language is an improvement from the old language. Beth McClure stated new language was added to bring standards into alignment with the new English language development standards the Board adopted a year ago.

- Motion: Ann Lane made the motion, seconded by Ryan Terrell, that the State Board of Education approve the initial proposal for Ed 507.17.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

## B. Initial Proposal – Charter School Lease Aid (Ed 323)

Julie Shea stated the proposal has changes to ensure the information collected on the application was reflected in the rules. The date of when they are accepting applications is also being changed.

Chair Cline suggested taking away the words "to allow" on page 2.

Ann Lane noted under lease aid application, Ed 323.06, she suggested adding language, "zoning that permits a school." Chair Cline suggested the language may not be needed because there is some flexibility in zoning. The rule has to do with lease aid and if the school has a lease, they have gained access to operate the space as a school. Julie Shea made a note to investigate the issue prior to the final proposal. Chair Cline asked about requiring the exact square footage of the school on the application. Julie Shea responded it should be in the lease, which is required in the application. The language could be changed to approximate square footage or taken out altogether.

Chair Cline asked about language on page 4, requiring the lease to only include cost for space that is required for the operation of a charter school. The lease can include cost for space that is not used for the charter school. Some schools lease a building and rent a portion out. The lease aid will only include cost for space of the charter school.

- Motion: Ann Lane made the motion, seconded by Phil Nazzaro, that the State Board of Education approve the initial proposal for Ed 323 as amended.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

## C. Initial Proposal – PEPP Program Approvals (Ed 601-602)

Chris Ward, Upper Valley Educator's Institute, is a CTE member who worked on the subcommittee for the 602 procedures. They expire in March. The changes were provided.

Chair Cline asked on page 7, why classes and field placement sites to be visited was struck out. Chris Ward responded that has not been included in the MOUs requirement. More information is gained from interviews over the site visit.

- Motion: Ann Lane made the motion, seconded by Ryan Terrell, that the State Board of Education approve the initial proposal for Ed 601 and Ed 602.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

# D. Initial Proposal – PEPP Program Standards (607-608)

Julie Shea stated the 600s are being condensed when possible. For Ed 607 and 608, they refer to the corresponding 500 rules to decrease the need to update both 500 and 600. This aligns the licensure standards.

- Motion: Ann Lane made the motion, seconded by Phil Nazzaro, that the State Board of Education approve the initial proposal for Ed 607 and Ed 608.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

# E. Initial Proposal - Manifest Educational Hardship (Ed 320)

Julie Shea stated there was a change in legislation in 2021 that put in language to include approved private schools. The rule is being aligned to include the language to match the statute. No other content changes were made. There were a few edits to add the definition of approved private school referencing the statute.

Motion: Ann Lane made the motion, seconded by Ryan Terrell, that the State Board of Education approve the initial proposal for Ed 307.01.

Vote: The motion was approved by unanimous vote by the State Board of Education.

## F. Initial Proposal – Daily Physical Activity Program (Ed 310)

Julie Shea stated this rule will expire in June. It is mandated by statute. One change was made to take out a narrative piece from the beginning. No content changes were made. It is being moved to Ed 307.

- Motion: Ann Lane made the motion, seconded by Sally Griffin, that the State Board of Education approve the initial proposal for Ed 310.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

# G. Final Proposal – Speech Language Specialist (Ed 508.05)

Julie Shea stated this is a repeal and nothing has changed from the initial proposal. This is based upon a statutory change. The Office of Legislative Services (OLS) has provided consent. Steve Appleby added 15 individuals are currently licensed who hold this license. 8 hold other licenses and are assigned in other areas. 7 are in the role; 5 of which hold other endorsements. 2 individuals do not hold another endorsement. Once the final repeal is done, their current license is valid until it expires. They have been encouraged to renew now to give them three years to become a speech language pathologist. The Speech language pathologist association is working with UNH on what classes would be needed based on their experiences from doing the job.

- Motion: Phil Nazzaro made the motion, seconded by Ryan Terrell, that the State Board of Education approve the final proposal to repeal Ed 508.05.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

## AGENDA ITEM IX. COMMISSIONER'S UPDATE

Commissioner Edelblut stated the tutor.com program is continuing to be rolled out. The contract is between NHED and tutor.com making tutoring available in all districts. Some districts have not begun using the program because the vendor has not completed their data privacy agreement. However, the vendor has signed the privacy agreement for the state, which has all the same coverage. This issue is being worked through.

Graduation Alliance mentoring program is also being pushed out. The same issue of the data privacy agreement has come up but should be resolved in the same way as with tutor.com.

A press release provided infographics showing cost per pupil across the state.

There have been news stories regarding teacher misconduct incidents. They are taken seriously and are being handled. Failing to report is a violation of the code of conduct and staff are being disciplined for failing to report misconduct.

ChatGPT is an AI platform which interacts in a conversational way. It will become part of education. One concern from educators is students using the platform to create essays for them. There is also questions about intellectual property. Christine Brennan, Deputy Commissioner, stated she went to a press conference with the governor, Commissioner of Safety, and Youth Advisory Council before today's meeting. There is no safe experience using substances. There are a lot of fake pills that look like prescriptions. Parents need to be educated. Resources will be provided to superintendents. Teenagers try things and do not always make decisions that are in their best interest. Fentanyl is being discovered daily and can be deadly in one dose.

#### AGENDA ITEM X. OPEN BOARD DISCUSSIONS

Ann Lane brought up a discussion from the Keene State College conversation when Sally Griffin asked why students are not choosing to be educators in math and science. Ann Lane asked if there is a scholarship program for those interested in becoming math and science educators. Commissioner Edelblut responded there is a scholarship program with UNH Manchester offering an accelerated program for individuals who have STEM backgrounds in a professional field who want to go into education. The program is designed so it can be accessed when they are not working. There has been an increase in educators coming from other areas rather than traditional teacher prep programs.

Ann Lane asked if the New Hampshire standards are gone now that there is a focus on CAEP. Chair Cline responded they are not gone. There are four options to approval. Institutions can go through the Board approval process. If they go through national accreditation, the process is no longer overseen. There was a discussion about the possibility of reviewing the rules. Sally Griffin suggested reviewing the process being used by national accreditation entities, like CAEP.

#### AGENDA ITEM XI. TABLED ITEMS

## A. Canterbury Withdrawal Feasibility Initial Study Report

- Motion: Ann Lane made the motion, seconded by Phil Nazzaro, that the State Board of Education remove this item from the table.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

# B. Initial Proposal – ESOL Teacher (Ed 507.17)

- Motion: Ann Lane made the motion, seconded by Phil Nazzaro, that the State Board of Education remove this item from the table.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

# AGENDA ITEM XII. CONSENT AGENDA

- A. Meeting Minutes of December 8, 2022
- Motion: Ann Lane made the motion, seconded by Ryan Terrell, that the State Board of Education accept the meeting minutes as amended.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

# AGENDA ITEM XIII. NONPUBLIC SESSION

There was no nonpublic session.

# AGENDA ITEM XIV. ADJOURNMENT

- Motion: Ann Lane made the motion, seconded by Phil Nazzaro, that the State Board of Education adjourn at 2:39 p.m.
- Vote: The motion was approved by unanimous vote by the State Board of Education.

Secretary