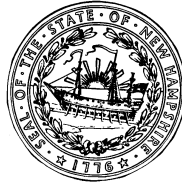




Virginia M. Barry, Ph.D.  
Commissioner of Education  
Tel. 603-271-3144



Paul Leather  
Deputy Commissioner  
Tel. 603-271-3801

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
Tel: 603-271-2408  
Fax: 603-271-4134

Contact:  
Bureau of Credentialing  
101 Pleasant Street  
Concord, NH 03301  
Tel: 271-2409

### Certification Renewal for Educators Employed under a Master Plan who choose to pay by check

**Note: The Superintendent of Schools will make the renewal recommendation on line.**

For employed educators paying by check: If you prefer to pay by check, you can still establish an account to review your file. If paying by check, please use this transmittal form to ensure accurate processing of your credential.

**PAYMENT:** The check is made out to the State of New Hampshire in the amount of \$130.00 and should be mailed to the above address.

Please Print or Type: \* - required fields

\*Teacher # \_\_\_\_\_ or Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
\* Last Name \* First Name \* MI \* Maiden

\* Mailing Address \_\_\_\_\_  
\* City \* State \* Zip

\* Telephone number Alt. Telephone \* email Address

**PLEASE CIRCLE APPROPRIATE ANSWERS**

- 1. \* Have you ever been convicted of a felony?  
YES, ATTACH EXPLANATION Yes No
- 2. \* Have you ever had a teaching credential revoked?  
IF YES, ATTACH EXPLANATION Yes No
- 3a. Are you: (check one) Hispanic or Latino? \_\_\_ No, not Hispanic or Latino \_\_\_ Yes, Hispanic or Latino
- 3b. What is your race? ( Choose one or more)  
\_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American  
\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White

**NOTE:** The General Special Education/Early Childhood Special Education 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)

**Check boxes that apply:**

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

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_  
PLEASE NOTE: United States Postal Mail will **NOT** be forwarded if your address changes after we receive this form. You must notify us of your new address, and/or change of name. Credentials will **NOT** be mailed to your place of employment.