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:	
Fee amount:	
Check #:	

Criminal History Record Check Clearance

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

PAYMENT: Enclose non-refundable processing fee of $100.00 Accepted forms of payment: Cash, money order, or check, made payable to "Treasurer, State of New Hampshire". See Fee Schedule on our website for all fees.

EDUCATOR ID: _____

All fields marked * are required

(Please Type or Print Clearly)

PERSONAL INFORMATION:

Social Security Number (optional) | *Date of Birth

The applicant agrees that the social security number shall be used to search the "National Association of State Directors for Teacher Excellence and Certification (NASDTEC)" Clearinghouse in accordance with Ed 505.07(d)

Name: *Last | *First | Former Name | *MI

Mailing Address: *Street Address | *City | *State | *Zip

*Home Phone | Alternate Phone:

*Primary Email address | Alternate Email address

*Is this a new Application or Renewal? Please check one New Applicant ☐ Renewal ☐

☐ School Bus Driver

Submit this application, a copy of a valid drivers license, a valid school bus driver's certificate issued by the New Hampshire Department of Safety, division of motor vehicles, and $100 fee.

All applicants for school bus driver licensure are subject to a criminal history records check in accordance with RSA 189-13-a.

☐ Transportation Monitor

Submit this application and the $100 fee.

All applicants for transportation monitor licensure are subject to a criminal history records check in accordance with RSA 189-13-a.

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** ☐

***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