8157-TRNSP

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
DIVISION OF PROGRAM SUPPORT
Bureau of Credentialing
101 Pleasant Street, Concord, NH 03301
Phone: 603-271-2408 Fax: 603-271-4134

Transmittal Form

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

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

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

PAYMENT: The check is made out to the State of New Hampshire in the amount of $ 25.00 and should be mailed to the above address.

Please Print or Type: * - required fields

***Educator ID #** _____ **or** **Social Security Number** _____ - _____ - _____

Name: _____ _____ _____ _____
*** Last Name** *** First Name** *** MI** *** Maiden**

_____
*** Mailing Address**

_____ _____ _____
*** City** *** State** *** Zip**

PLEASE CIRCLE APPROPRIATE ANSWERS

1. Have you ever been convicted of a felony? Yes No
YES, ATTACH EXPLANATION

2. Have you ever had a teaching credential revoked? Yes No
IF YES, ATTACH EXPLANATION

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

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.