

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.

Name:				
	* Last Name	* First Name	* MI	* Maiden
Mai	ling Address			
	* City	* State	_	* Zip
	* Telephone number Alt	. Telephone	* Email Address	
<u>PI</u>	EASE CIRCLE APPROPRIATE ANSWERS			
•	Have you ever been convicted of a felony? YES, ATTACH EXPLANATION	Yes No		
•	Have you ever had a teaching credential revoked? IF YES, ATTACH EXPLANATION	Yes No		
a.	Are you: (check one) Hispanic or Latino?	No, not Hispanic or La	atino Yes, l	Hispanic or Latino
b.	What is your race?: (Choose one or more) American Indian or Alaska Native Native Hawaiian or Other Pacific Islander	Asian Black or African American White		

Teacher's 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.