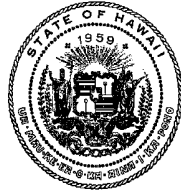


Hawai'i Teacher Standards Board (HTSB) 650 Iwilei Road, Suite 201 Honolulu, HI 96817



Contact: www.htsb.org
Phone: (808) 586-2603
Email: licensingsection@htsb.org
Fax: (808) 586-2606

REQUEST FOR NAME CHANGE

1. INSTRUCTIONS. To change the name on your license you must submit the following as a complete packet to HTSB (address above):

- Completed HTSB Form LA 5009 - Request for Name Change with your new name and signature/date.
Return original Hawai'i teaching license which you wish to have reissued in your new name.
Copy of your state issued driver's license or state ID showing your new name.
Copy of your social security card showing your new name.
SIGNED REQUEST and REQUIRED DOCUMENTS submitted as a complete packet to HTSB (ADDRESS ABOVE)

NOTE: Processing time for the issuance of new documents is approximately four months from the date HTSB receives the Form LA 5009-Name Change. Requests without supporting documentation will not be processed.

2. PERSONAL INFORMATION DOB ___/___/___ Social Security Number ___-___-___
(OLD Last Name) (OLD First Name/Middle Name)

CHANGE TO:

(NEW Last Name) (NEW First Name/ Middle Name)

Mailing Address ___ City ___ State ___ Zip ___
Home Phone ___ OR Cell Phone ___
E-mail Address ___ Current School Location ___

3. PROFESSIONAL FITNESS

- YES NO Have you ever had a professional license or professional certificate sanctioned or disciplined by receiving a letter of censure, warning, reprimand, fine, probation or any other restriction or special condition?
YES NO Have you ever been denied a professional license or certificate even if the certificate or license was later issued with conditions or limitations?
YES NO Have you ever had a professional license or certificate suspended or revoked?
YES NO Have you ever surrendered or relinquished a professional license or certificate during or following an investigation into allegations of misconduct?
YES NO Do you have any current investigative or disciplinary action pending against a professional license or certificate or against an application for a professional license or certificate?
YES NO Have you ever been dismissed or resigned employment during or following an investigation into allegations of misconduct?
YES NO Have you been convicted or pled "nolo contendere" (no contest) to a felony or misdemeanor?
YES NO Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons?

If you answered "yes" to any of the above questions, additional documentation may be requested after review of your renewal application.

4. FEES: None at this time.

5. STATEMENT OF AFFIRMATION

I certify that the statements contained in this application are true and correct. I understand that misrepresentation or falsification is grounds for Board refusal to deny my application or impose other disciplinary sanctions.

SIGNATURE

DATE

Information on your application is subject to release pursuant to the Freedom of Information Act.