Hawai`i Teacher Standards Board
650 Iwilei Road, Suite 201
Honolulu, HI 96817

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

CONFIRMATION OF LICENSURE AND CERTIFICATION TESTS TAKEN

SECTION 1. PERSONAL INFORMATION All questions must be answered. Complete the information in Part I then forward the form to the licensing authority of the state where you hold a license. You must sign and date this form. They should return this form to HTSB. HTSB cannot process your application until ALL documents are submitted.

SECTION 1:

Social Security Number _____ - _____ - _____ Date of Birth _____ /_____ /_____
Print name in CAPITAL LETTERS.

_____ _____ _____
(LAST NAME) (FIRST NAME) (MI)

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone _____ OR Cell Phone _____

Non-Lotus Notes E-mail Address _____

***DISCLAIMER**: I hereby authorize the agency below to complete this form and return it to the Hawaii Teacher Standards Board.*

Applicant signature_____ **Date** _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

PART 2: TO BE COMPLETED BY STATE LICENSING AUTHORITY: AFFIX AGENCY SEAL or STAMP

To Authorized State Licensing Official: This individual has applied for a Hawai`i teaching license. Please complete Section 2 to verify the applicant's licensure status, testing requirement, and completion of a State Approved Teacher Education in your state. TYPE or PRINT requested information. Return this form to HTSB at the address above.

Please check all that apply:

☐ The above named applicant holds a valid, standard professional teaching license in this state.

☐ The applicant's license has never been revoked, denied, or suspended.

☐ I verify that the applicant has taken and passed licensure/certification tests. Check the types of tests which the applicant passed:

_____ Basic Skills _____Content Knowledge _____Pedagogy

☐ The applicant successfully completed a State Approved Teacher Education Program (SATEP) satisfying this state's licensing or certification requirements. Indicate state where SATEP was completed _____

☐ This applicant has a license/certificate in: ☐ Indicate if this is an INITIAL license/certificate ___YES ___NO

Teaching Field(s)	Grade Level(s)	Validity Dates

_____ _____
Signature of Authorized Official Printed Name of Authorized Official

_____ _____ _____ _____ _____
Name of Agency Address of Agency City State Zip Code

_____ _____ _____
Email Address Phone (Include Area Code) FAX (Include Area Code)