



HAWAII TEACHER STANDARDS BOARD
 650 Iwilei Road, Suite 201 • Honolulu, HI 96817 • (808) 586-2619 • FAX (808) 586-2606
CONFIRMATION OF LICENSURE AND CERTIFICATION TESTS TAKEN

Directions: Hawaii will accept content area, basic skills, and pedagogy tests completed in other states if the tests are required for comparable certification in that state. The applicant should complete the information in Part I then forward the form to the licensing authority of the state where the test was completed.

PART I: TO BE COMPLETED BY THE APPLICANT

APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN/FORMER)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PHONE (INCLUDE AREA CODE)	EMAIL ADDRESS
MAILING ADDRESS (NUMBER/STREET)		CITY	STATE ZIP CODE

I successfully took and passed the following tests to meet licensure/certification requirements:

List Test(s) taken for licensure/certification (include name & level)	Date	Indicate type of test		
		Basic Skills	Content Knowledge	Pedagogy

I hereby affirm that I passed the examination(s) indicated above and that all information I have supplied on this form is true, accurate, and complete. I understand that misrepresentation of my qualifications for certification will result in denial of the license for which I have applied.

 APPLICANT SIGNATURE _____
DATE

PART II: TO BE COMPLETED BY STATE LICENSING AUTHORITY

Please complete this portion and mail to the Hawaii Teacher Standards Board at the address at the top of this form. An authorized signature and official seal are required. Forms returned to the applicant or directly to a school or district office will not be honored.

Please check all that apply:

- The above named applicant holds a valid, standard professional teaching license/certificate in this state.
- The applicant's license has never been revoked, denied, or suspended.
- I verify that the applicant has taken and passed the tests listed above.
- The tests taken above qualified the applicant for licensure/certification in this state.
- The applicant successfully completed a State Approved Teacher Education program, satisfying this state's licensing/certification requirements.

<p>This applicant has a license/certificate in <i>(attach additional sheets if necessary):</i></p> <p>_____</p> <p align="center">STATE</p> <p>_____</p> <p align="center">SUBJECT/GRADE LEVEL</p> <p>_____</p> <p align="center">VALIDITY DATES</p>
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NAME OF AGENCY	
NAME/TITLE OF AUTHORIZED OFFICIAL	PHONE (INCLUDE AREA CODE)
EMAIL ADDRESS	FAX (INCLUDE AREA CODE)
SIGNATURE OF AUTHORIZED OFFICIAL	DATE

AFFIX OFFICIAL SEAL OR GRADUATED COLORED SIGNATURE HERE