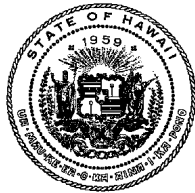


Hawaii Teacher Standards Board
 650 Iwilei Road, Suite 268
 Honolulu, HI 96817



htsb@hawaii.gov
 808-586-2600

LICENSING AGENCY CONFIRMATION OF LICENSURE

Complete and sign Section 1 before sending this form to the state licensing agency that issued your license. The agency may ask to verify your social security number and date of birth. Ask the agency to return this form to HTSB at htsb@hawaii.gov.

1. PERSONAL INFORMATION

HTSB ID from your "My Profile" tab in your online record: _____

 Last Name First Name MI

 Mailing Address City State Zip

 E-mail Address Cell or Home Telephone

DISCLAIMER: I hereby authorize the release of the information regarding my professional license.

Applicant Signature: _____ Date: _____

2: VERIFICATION BY STATE LICENSING AUTHORITY

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 an educator preparation program in your state. Email this form to HTSB at htsb@hawaii.gov

Please check all that apply:

- The above-named applicant holds a valid, professional teaching license in my state.
- The applicant's license has never been revoked, denied, suspended, or otherwise sanctioned.
- I verify that the applicant has met my state's requirements as checked below:
 _____ Basic Skills _____ Content Knowledge
- The applicant successfully completed an educator preparation program approved by my state for licensure, or
- The applicant successfully completed an educator preparation program approved by the following state to qualify for a license:

Was this license issued for the first time since July 1, 2006? ___ YES ___ NO

This applicant has a license/certificate in the following areas:

Teaching Field(s)	Grade Level(s)	Effective/Expiration Dates

 Signature of Authorized Official Print Name and Title

 Name of Agency Address City State Zip Code

 E-Mail Address Phone, including Area Code Date