

Hawaii Teacher Standards Board
650 Iwilei Road, Suite 201
Honolulu, HI 96817



www.htsb.org
htsb@hawaii.gov
808-586-2600

AGENCY CONFIRMATION OF LICENSURE

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.

Last 4 digits of Social Security Number XXX - XX - _____ Date of Birth ____/____/____

Print name in CAPITAL LETTERS.

(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

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

SECTION 2: TO BE COMPLETED 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. 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 your state.
The applicant's license has never been revoked, denied, or suspended.
I verify that the applicant has taken and passed licensure/certification tests checked below:
Basic Skills Content Knowledge
The applicant successfully completed an educator preparation program approved by your state for licensure.

Was this license issued for the first time since July 1, 2006? ___YES ___NO

This applicant has a license/certificate in:

Table with 3 columns: Teaching Field(s), Grade Level(s), Effective/Expiration Dates

Signature of Authorized Official Printed Name of Authorized Official Date

Name of Agency Address of Agency City State Zip Code

E-Mail Address Phone (Include Area Code) FAX (Include Area Code)