



**Out-of-State Institutional Recommendation Form**  
**Hawaii Teaching, School Counseling, and/or School Librarian**

Dear Applicant:

Thank you for your interest in teaching in Hawaii. **For HTSB**, this form is required for individuals who have completed an out-of-state preparation program that led to licensure but do not currently hold an active valid teaching license or certificate in any state. **For the Hawaii State Department of Education (Department)**, this form can be used for External Teacher and Substitute Teacher Applications.

Hawaii Teacher Standards Board (HTSB) For Licensure:	Hawaii Department of Education For Employment:
Create an HTSB account at: <a href="http://WWW.HAWAII TEACHER STANDARDS BOARD.ORG">WWW.HAWAII TEACHER STANDARDS BOARD.ORG</a>	This form can be used for the Department (External Teacher and Substitute Teacher Application) to confirm conferral dates for alternative certifications and State Approved Teacher Education Programs. Therefore, you must ensure you send this form to the Department, as well.  <input type="checkbox"/> <b>Teacher Application</b> Please email form to Teacher.Recruitment@k12.hi.us with the affix school seal (if applicable) or send the original form to: Attn: Teacher Recruitment Unit P.O. Box 2360, Honolulu, HI 96804  <input type="checkbox"/> <b>Substitute Teacher Application</b> Please send the original form to: Attn: Teacher Reclassification Unit P.O. Box 2360, Honolulu, HI 96804
Complete and submit an online application through your HTSB account.	
Upload the following to the Documents tab of your HTSB account: <ul style="list-style-type: none"> <li>• Official identification (e.g. ID and Social Security Card)</li> <li>• A completed Out-Of-State Educator Preparation Program Completion Verification Form (LA3009),</li> <li>• A copy of the official transcripts of a baccalaureate degree from a regionally accredited institution or the equivalent from a non-U.S. institution.</li> <li>• Official HTSB approved Praxis basic skills test score report.</li> <li>• Official test score report for the HTSB approved Praxis test in the content area, and</li> <li>• Official score report for the HTSB approved Principles of Learning and Teaching (PLT) for the recommended grade level(s)</li> </ul>	

**Note:** A course-by-course evaluation from a member of the National Association for Credential Evaluation Services ([www.naces.org](http://www.naces.org)) must be submitted for transcripts issued by a non-U.S. institution.

The documents referenced above must be received before staff can determine your eligibility for a Hawaii Teaching, School Counselor, and/or School Librarian license and employment in Hawaii.

Please contact us with any additional questions. DO NOT email this form with sensitive information.

**SECTION 1. PERSONAL AND ADDITIONAL INFORMATION**

Complete and sign Section 1 before sending this form to the administrator of your educator preparation program.

Legal Last Name	Legal First Name	MI
Other Names Used	Date of Birth ____ / ____ / ____ MM DD YYYY	Last 4 digits of SSN ____ _
Current Mailing Address	City	State _____ Zip Code _____ (_____) _____ - _____
Email Address	Phone Number (including area code)	

*DISCLAIMER: I hereby authorize the release of the information regarding my professional education program from which I am making this request. I further verify that the information provided above is accurate and true.*

Applicant Signature	Date
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**SECTION 2. AUTHORIZED ADMINISTRATOR OF SATEP TO COMPLETE THIS SECTION  
(State Approved Teacher Education Program Administrator use only)**

**To Authorized Official of Educator Preparation Program:** The individual named in Section 1, has applied for a Hawaii teaching, school counseling, and/or school librarian license and/or position with HTSB and/or the Department. Please check the appropriate area(s) to verify the state-approved education program completed, and basic skills and content knowledge accepted.

A. Name of the Institution that the SATEP was completed: \_\_\_\_\_  
Program Completion Date: \_\_\_\_\_

B. Applicant completed a(n):

**Traditional SATEP** (Skip Item D)     **Alternative SATEP** (Skip Item C)

C. If a **traditional SATEP** and student teaching, practicum and/or internship was successfully completed, please provide the field(s) and grade level(s) the applicant is qualified to teach:

(Student Teaching) From: \_\_\_\_\_ To: \_\_\_\_\_ School: \_\_\_\_\_  
(MM/DD/YYYY)      (MM/DD/YYYY)

\_\_\_\_\_      \_\_\_\_\_  
Field/Subject Area(s)      Grade Level(s)

D. If an **alternative SATEP** was successfully completed, please provide the field(s) and grade level(s) the applicant is qualified to teach, and if teaching experience was used in lieu of student teaching, practicum and/or internship (Please check one):

Clinical Experience Completed     Teaching Experience Verified     None

From: \_\_\_\_\_ To: \_\_\_\_\_ School: \_\_\_\_\_  
(MM/DD/YYYY)      (MM/DD/YYYY)

\_\_\_\_\_      \_\_\_\_\_  
Field/Subject Area(s)      Grade Level(s)

E. Does this completed program meet current standards and lead to licensure for certification in the state/jurisdiction in which the program is approved?  Yes     No

If yes, which state/jurisdiction did they complete their program in? \_\_\_\_\_

If no, please describe: \_\_\_\_\_

F. Is the applicant eligible for licensure/certification/credential in the state/jurisdiction the program is approved by?  Yes     No

If no, what were the deficiencies: \_\_\_\_\_

G. Does this applicant hold a bachelor's degree?  Yes     No

H. **If applicant completed a Program for Special Education**, indicate the category and grade level(s):

Special Education     SpEd: Mild/Moderate     SpEd: Severe Profound     SpEd: Visually Impaired

SpEd: Deaf/Hard of Hearing     SpEd: Orientation and Mobility     SpEd: Orthopedically Impairments

**Grade Levels:** \_\_\_\_\_

**SECTION 3. VERIFICATION AND AFFIRMATION FROM OFFICIAL OF STATE APPROVED TEACHER EDUCATION PROGRAM:**

**(State Approved Teacher Education Program Administrator use only)**

I hereby verify the information provided above is accurate and true that the above-name applicant has satisfactorily completed a State Approved Teacher Education Program in the area(s) checked above.

Please sign below:

_____ Signature of Educator Preparation Program Official	_____ Print or Type Full Name (First, MI, Last)	_____ Date	
_____ Job Title of Educator Preparation Program Official	_____ Name of Institution		
_____ Address (Street, P.O. Box, Apt)	_____ City	_____ State	_____ Zip Code
_____ Email Address	(_____)_____ Phone Number (including area code)	_____ Institution Accreditation	

**Please note:** This form can be used for HTSB and the Department (External Teacher and Substitute Teacher Application) to confirm conferral dates for alternative certifications and State Approved Teacher Education Programs. Please refer to submittal instructions on the first page.

Affix School Seal