



Hawai`i Teacher Standards Board
650 Iwilei Road, Suite 268
Honolulu, HI 96817

Hawai`i Teaching, School Counseling, and/or School Librarian License Application

Dear Applicant:

Thank you for applying for a Hawaii license through the Hawaii Teacher Standard Board (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.

To apply for a license, follow these steps:

- Create an HTSB account,
- Complete and submit an online application through your HTSB account,
- Upload the following to the documents tab in your HTSB account:
 - A completed Out-Of-State Educator Preparation Program Completion Verification Form (LA3009),
 - A copy of the official transcripts of a baccalaureate degree from a regionally accredited institution or the equivalent from a non-U.S. institution;
 - Official HTSB approved basic skills test (Praxis Core) report.
 - Official test score report for the HTSB approved Praxis test in the content area, and
 - Official transcript score report for the HTSB approved Praxis test in Principals of Learning and Teaching (PLT) for the recommended grade level(s)

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

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

Please [contact us](#) with any additional questions.

Complete and sign Section 1 before sending this form to the administrator of your educator preparation program. Once this form is completed by your program and returned to you, please upload this document to your HTSB account with the required supplementary information.

DO NOT email this form with sensitive information.

Section 1. PERSONAL AND ADDITIONAL INFORMATION:

Legal Last Name	Legal First Name	MI
Date of Birth (mm/dd/yyyy)	Social Security Number or HTSB ID (if no ssn)	
Current Mailing Address	City	State
Email Address	Zip Code	
Email Address	Phone Number (include 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. PRAXIS TESTING INFORMATION:

Hawaii Praxis Core Academic Skills for Educators: All (5751) or Reading (5712), Writing (5722), and Mathematics (5732)

Test name: _____
Test # _____ Date(s) taken: _____
Score _____ Pass: Yes No

Test name: _____
Test # _____ Date(s) taken: _____
Score _____ Pass: Yes No

Test name: _____
Test # _____ Date(s) taken: _____
Score _____ Pass: Yes No

Test name: _____
Test # _____ Date(s) taken: _____
Score _____ Pass: Yes No

Praxis Principles of Learning and Teaching (PLT) for recommended grade level(s)

Test name: _____
Test # _____ Date(s) taken: _____
Score _____ Pass: Yes No

Test name: _____
Test # _____ Date(s) taken: _____
Score _____ Pass: Yes No

Praxis Content Test(s)

Test name: _____
Test # _____ Date(s) taken: _____
Score _____ Pass: Yes No

Test name: _____
Test # _____ Date(s) taken: _____
Score _____ Pass: Yes No

Note: Candidates who are seeking licensure in a World Language may submit HTSB passing score(s) from the American Council on the Teaching of Foreign Languages (ACTFL).

**Section 3. AUTHORIZED ADMINISTRATOR OR EPP TO COMPLETE THIS SECTION
(EPP Administrator use only)**

To Authorized Official of Educator Preparation program: The above-named individual has applied for a Hawai'i teaching, school counseling, and/or school librarian license. Please check the appropriate area(s) to verify the state-approved educator preparation program completed and basic skills and content knowledge accepted.

A. Does this completed program(s) meet current standards and lead to licensure for certification licensure in the state/jurisdiction in which the program is approved? Yes No
If no, please describe:

B. In which state/jurisdiction does this program lead to licensure? _____

C. 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?

D. Program Completion Date: _____

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

F. Please provide the field(s) and grade level(s) applicant is qualified to teach:

Field/Subject Area Grade Level(s)

Field/Subject Area Grade Level(s)

G. 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 Level(s): _____

Verification and Affirmation from Official of Education Preparation Program:

I hereby verify the information provided above is accurate and true that the above-named applicant has satisfactorily completed a state-approved educator preparation program in the area(s) checked above.

Please sign below:

Signature of Official of Educator Preparation Program Print or Type Name Date

Name of Program Address

City State Zip Code Accreditation

Email Address Phone Number (include area code)