TITLE: Revision of HTSB Out-of-State Educator Preparation Program Completion Verification Form

Effective immediately, the Hawaii Teacher Standards Board approves the attached Out-of-State Educator Preparation Program Completion Verification Form (LA3009) to replace the current Educator Preparation Program Recommendation form (LA3009). This Out-of-State Educator Preparation Program Completion Verification Form (LA3009) can be amended by the Executive Director as needed.

The existing Educator Preparation Program Recommendation form (LA3009) may be used through August 31, 2021. Documents are required to support the information provided on the verification form.

Submitted by: Branden Kawazoe

Referred to: Committee of the Whole

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



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

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

- Create a HTSB account,
- Complete and submit an online application through your HTSB account,
- Submit the following:
 - A completed Out-Of-State Educator Preparation Program Completion Verification Form (LA3009),
 - One of the following for **Basic Skills Verification** based on information provided by the preparation program on the LA3009 form:
 - Official bachelor's degree transcript,
 - Official ACT/SAT score report, OR
 - > Official HTSB approved basic skills test (Praxis Core) report.
 - One of the following for **Content Knowledge Verification** based on information provided by the preparation program on the LA3009 form:
 - > Official test score report for the HTSB approved Praxis test in the content area,
 - > Official transcript showing an advanced degree in the content area,
 - > Official transcript showing a major in the content area,
 - Valid National Board for Professional Teaching Standards Certificate in the content area, OR
 - Official letter from the recommending program listing a minimum of thirty (30) semester hours in the content field from an accredited institution of higher education, at least fifteen of which must be upper-division level.
 - For Elementary Education K-6 licensure, please submit an official letter from the recommending program listing a minimum of thirty-six (36) semester hours, including nine semester hours in each of the following four core content areas: language arts, mathematics, science, and social studies. At least three semester hours in each of the core content areas must be upper-division level.

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.

In addition, to qualify for a HTSB Standard License, please verify 3 out of the last 5 years of contracted full-time teaching experience in a P-12 setting in Hawaii or another state. If you cannot provide the required experience verification, please apply for a provisional license.

Please contact us with any additional questions.

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OUT-OF-STATE EDUCATOR PREPARATION PROGRAM COMPLETION VERIFICATION FORM

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**. *1. PERSONAL AND ADDITIONAL INFORMATION.*

(Legal Last Name)	(Legal First Name)		(MI)	
Birthday (mm/dd/yyyy)	Social Security Number	HTSB	ID (if no ssn)	
Current Mailing Address		City	State	Zip Code
Email Address		Phone Nun	nber (please 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 ture.

Appl	ica	nt Signature	Date	
2.	ΑL	JTHORIZED ADMINISTRATOR OR EPP TO COMPLETE THIS SECTION. (EPP Administ	trator use only	y.)
teacl	hin	norized Official of Educator Preparation program: The above-named individual has g, school counseling, and/or school librarian license. Please check the appropriate oproved educator preparation program completed and basic skills and content kno	area(s) to verif	fy the
;	a.	Does/Do the completed program(s) meet today's standards for certification in the state/jurisdiction the program is approved by?	Yes	No
l	b.	In which state/jurisdiction does this program lead to licensure?		
	c.	Was she/he eligible for licensure/certification/credential in the state/jurisdiction the program is approved by?	Yes	No

Honolulu, HI 96817



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d.	If no.	what	were	the	deficiencies?
ч.	,	windt	WCIC	UIIC	acherences.

e.	Program completion Date:		
f.	Does this applicant hold a bac	helor's degree?	[] Yes [] No
g.	How were basic skills and con	tent knowledge evaluated for the o	candidate?
		gree Transcript () SAT Scores ed licensure test	[] ACT Scores
	CONTENT KNOWLEDGE:	 [] State-approved licensure test [] Content Major [] National Board Certification 	0

Directions:

Please provide the field and grade level(s) qualified to teach, the grade level(s) of student-teaching/internship placement, and the date and location of the student-teaching/internship.

Please note: To qualify for a license, the applicant must have completed an approved program in that area. Applicants must have been placed in student-teaching/internship settings at the appropriate grade levels and in the subjects or school roles (e.g., teacher, school counselor, school librarian) for which they are seeking a license. Each program must include coursework in methodology for that content area and completion of a supervised classroom-based field experience/internship that includes instruction in that content area.

License Field	Program Grade Level	Student-Teaching/ Internship Grade Level	Student-Teaching/ Internship Date	Student-Teaching/ Internship Location (Name of School)
Early Childhood				
Education				
Elementary				
Education				

HTSB Form LA 3009

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License Field	Program Grade Level	Student-Teaching/ Internship Grade Level	Student-Teaching/ Internship Date	Student-Teaching/ Internship Location (Name of School)

License Field	Program Grade Level	Student-Teaching/ Internship Grade Level	Student-Teaching/ Internship Date	Student-Teaching/ Internship Location (Name of School)
Special				
Education				

[] Mild/Moderate	[] Severe/Profound	[] Deaf/Head of Hearing
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Blind/Visually Impaired	[] Orientation & Mobility	[] Orthopedic
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License Field	Program Grade Level	Student-Teaching/ Internship Grade Level	Student-Teaching/ Internship Date	Student-Teaching/ Internship Location (Name of School)
Other				

<u>Verification and Affirmation from Official of Education Preparation Program</u>: 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 Name

Name and Address of Program

City S

State Zip Code Phone Number

Email Address

Accreditation

Date