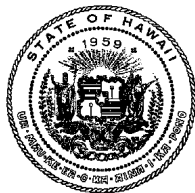


Hawaii Teacher Standards Board  
 650 Iwilei Road, Suite 268  
 Honolulu, HI 96817



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 above-named applicant has a bachelor's degree.
- The applicant's license has never been revoked, denied, suspended, or otherwise sanctioned.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 (e-sign or signature)

\_\_\_\_\_  
 Print Name and Title

Name of Agency Address City State Zip Code

E-Mail Address Phone, including Area Code Date