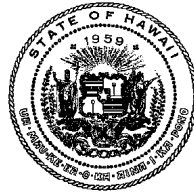


Hawaii Teacher Standards Board 650 Iwilei Road, Suite 268 Honolulu, HI 96817



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

Form fields for personal information: Last Name, First Name, Middle Initial, Mailing Address, City, State, Zip, E-mail Address, (Area Code) Phone number

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: _____

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, license type, license 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:

- Checkboxes for: The above-named applicant has a bachelor's degree from an accredited U.S institution or U.S. equivalent. The applicant's license has never been revoked, denied, suspended, or otherwise sanctioned.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
The applicant successfully completed an educator preparation program approved by the following state to qualify for a license: _____
The above named applicant holds a valid, professional teaching license in my state.

List the type of license currently held by the above named applicant

License Type: _____

Table with 3 columns: License Field(s) currently active and valid, Grade Level(s), Effective/Expiration Dates

DISCLAIMER: I hereby verify the information provided above is accurate and true that the above-name applicant currently holds an active and valid license in my state, verified by our agency, in the license field(s) listed above.

Signature of Authorized Official (e-sign or signature) Print Name and Title

Name of Agency Address City State Zip Code

E-Mail Address (Area Code) Phone number Date