



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

Last Name First Name Middle Initial

Mailing Address City State Zip

Email Address (Area Code) Phone number

List all valid teaching licenses, credentials, certificates from other states below:

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:

The above-named applicant has a bachelor's degree from a regionally accredited U.S. institution.

The applicant mentioned earlier has a bachelor's degree from a U.S. equivalent institution as verified by a National Association of Credential Evaluation Services (NACES) member.

The applicant's license has never been revoked, denied, suspended, or otherwise sanctioned.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: _____

The above-named applicant used out-of-state reciprocity to meet my state's teacher licensure requirements.

The above-named applicant used out-of-country reciprocity to meet my state's teacher licensure requirements.

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