



State of New Hampshire, Department of Education Bureau of Credentialing

101 Pleasant Street Concord, N.H. 03301 Tel: 603-271-2409 Fax: 603-271-4134 cert.info@doe.nh.gov

For Bureau of Credentialing use only:							
Date Received:							
Fee amount:							
Check #:							

SCHOOL NURSE APPLICATION

PLEASE BE SURE TO VIEW THE SCHOOL NURSE MEMO AVAILABLE ON OUR WEBSITE BEFORE COMPLETING AND SUBMITTING THIS FORM. https://www.education.nh.gov/certification/index.htm Check the box to indicate which School Nurse Certificate you are applying for:

Check the b	ox to indicate wh	nich School Nurse Certif	icate you are applying	g for:					
Sc	hool Nurse I:	Submit an official transcript (Associate's nursing degree level or higher), a copy of a valid New Hampshire issued RN license, an employment verification letter showing 3 years of clinical pediatric nursing or related work experience under a valid RN license, and \$75 fee.							
Sc	hool Nurse II:	Submit a copy of a valid New Hampshire RN license and an employment verification letter showing hire date as a school nurse on or before July 1, 2016 under a valid RN license. No fee required. Please indicate number of years of experience as a school nurse: years							
Sc	hool Nurse III:	Submit an official transcript (Bachelor's nursing degree level or higher), a copy of a valid New Hampshire BSN RN license, an employment verification letter showing 3 years of clinical pediatric nursing or related work experience under a valid BSN RN license, and \$75 fee. Out of State education department certified nurses or NCSN (national) certified nurses must submit only a copy of these certifications for evaluation, and \$75 fee. Please indicate number of years of experience as a school nurse: years							
PLEASE C	OMPLETE ALL	INFORMATION (ANY	YTHING WITH * IS	REQUIRED) (Print	or Type)				
Social Secu	Social Security Number			EdID # (if known)					
Name:	* First Na	nme * MI	* Last Na	me	* Maiden Nam	ie			
Gender:	Male	Female	*Date of	Birth					
*Are you:	(check one)	No, not Hispanic o	or Latino	Yes, Hispa	nic or Latino				
What is yo	ur ethnic origin? (Indicate one or more)							
* Mailing	Address:								
		Street / PO Box		City	State	Zip			
* Primary Telephone number			Alternate Telephone						
*Primary email Address				*Alternate email address					

Educational Information:

*HIGH SC	HOOL:					
	Name of High School	State		Curriculum		Date Granted
*COLLEG	E/NURSING PROGRAM INFOR	MATION:				D A TE
DEGREE	COLLEGE	STAT	ſΈ	MAJOR		DATE GRANTED
DOCUMEN'	Γ SUBMISSION:					
School Nurse	ripts, copies of licenses and experience le II applications without fee can be mailed I and III applications and fee must be ma	to the address in the letterhea	d above o	or emailed to <u>cred</u>		
Non-refunda	able processing fee of \$75.00 is req	uired with application (ex	cept for	School Nurse	II certificate).	
Make check	payable to "Treasurer, State of N	H". See Fee Schedule on	our wel	bsite for return	check fee.	
PLEASE C	CHECK APPROPRIATE ANSWERS					
Have you e	ver held a New Hampshire certificate?				Yes	No
If yes, what	t year did it expire	and under what name				
Have you e	ver been convicted of a felony?				Yes	No
Have you e	ver had a teaching credential revoked?				Yes	No
Have you e	ver surrendered your teaching credential	in any other state or country?			Yes	No
Are you cur	rently being investigated in any other sta	ate?			Yes	No
	IF YOU ANSWERED YES TO	ANY OF THE ABOVE QU	ESTION	S, ATTACH AN	EXPLANATION	
			· C E4L ·			_
	By checking this box, I certify that I h https://www.education.nh.gov/certific	ation/documents/code_ethics	s.pdf			
	By checking this box, I certify that I h Educator Code of Conduct, Ed 510 se Professionals; (2) Responsibility to Stu Use of Technology, which as a certified Educator Code of Conduct may result Additionally, in so certifying, I understoned of conduct. Failure to report a su	ts forth 4 Principles: (1) Resudents; (3) Responsibility to deducator, I am obligated to tin a written reprimand, sustand that pursuant to Ed 51 uspected violation of the Edu	ponsibilithe Schoofollow. spension 6 0.05, I ha	ty to the Education of Community; and A founded viola or revocation of ave a duty to rep	ion Profession and E and (4) Responsible ation of any of the pr my Educator creder ort any suspected vi	Educational and Ethical inciples of the atial. colation of the
	suspension or revocation of my Educa https://www.education.nh.gov/certific		uct.pdf			
	y that I am the individual listed in this ap		tion prov	ided herein, inclu	ding all accompanyir	ng
documentation	, is true, accurate, and complete to the bo	est of my knowledge.				

*Date

*Signature