

Hawai'i Teacher Standards Board
 650 Iwilei Road, Suite 201
 Honolulu, HI 96817
 Attention: Licensing Section



Contact Information:
 www.htsb.org
 licensingsection@htsb.org
 Phone: (808) 586-2603
 FAX: (808) 586-2606

APPLICATION FOR EXTENDED HAWAII TEACHING LICENSE
Use if your Hawaii license expired on or before June 30, 2010

1. PERSONAL INFORMATION All questions must be answered. Use BLUE ink. Return this form to HTSB at the address above.

NOTE: Extension applications and payment submitted online are processed immediately by HTSB's online system. Applications submitted in paper format are processed in the order in which they are received. If you submit a paper application please anticipate a processing time of at least four months. If you submit a paper application, attach a cashier's check or money order for the balance of your license fee, which may be found by creating your license account on www.htsb.org.

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
 MM DD YYYY

Print name in CAPITAL LETTERS.

 (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Former/Maiden Name(s), if applicable:

 (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone _____ OR Cell Phone _____

Non-Lotus Notes E-mail Address _____

If employed provide the name of the school or education office: _____
 Are you employed by the Hawai'i Department of Education? YES _____ NO _____

2. PROFESSIONAL FITNESS: You must answer all questions.
 Since July 1, 2002:

- YES NO Have you ever had a professional license or professional certificate sanctioned or disciplined by receiving a letter of censure, warning, reprimand, fine, probation or any other restriction or special condition?
- YES NO Have you ever been denied a professional license or certificate even if the certificate or license was later issued with conditions or limitations?
- YES NO Have you ever had a professional license or certificate suspended or revoked?
- YES NO Have you ever surrendered or relinquished a professional license or certificate during or following an investigation into allegations of misconduct?
- YES NO Do you have any current investigative or disciplinary action pending against a professional license or certificate or against an application for a professional license or certificate?
- YES NO Have you ever been dismissed or resigned employment during or following an investigation into allegations of misconduct?
- YES NO Have you been convicted or pled "nolo contendere" (no contest) to a felony or misdemeanor?
- YES NO Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons?

If you answered "yes" to any of the above questions, additional documentation may be requested after review of your renewal application.

3. STATEMENT OF AFFIRMATION Print this form and then sign your name in blue ink.

I certify that the statements contained in this application are true and correct. I understand that misrepresentation or falsification is grounds for Board refusal to deny my license or impose other disciplinary sanctions.

SIGNATURE OF LICENSEE _____

DATE _____