

MAINE DEPARTMENT OF EDUCATION
APPLICATION FOR EDUCATIONAL APPROVAL RENEWAL

W Z

**COMPUTER
 RUN DATE**

1. NAME (First, MI, Last, and optional suffix such as Jr., III)		2. Social Security Number - -		3. Other name(s) under which Your records are filed		DATE			
4. Mailing Address			5. Street Address (if different)		6. City or Town		7. State		8. Zip Code
9. Home Phone		10. Sex ___ Male ___ Female	11. Date of Birth / / mo. day yr.		RETURN TO: DEPARTMENT OF EDUCATION CERTIFICATION OFFICE 23 STATE HOUSE STATION, AUGUSTA, ME 04333-0023				

PART I

Have you been employed continuously over the last five years in a Maine school system, excluding vacation and sick leave days. **Note: this does not include contracted services or employment as a substitute.**

YES _____ NO _____

If no, complete Part II and submit the application to the Certification Office.

If yes, where: School Unit* _____ from _____ to _____
 School Unit* _____ from _____ to _____

After completion of this section, complete PART II and submit the application to the certification Office..

*If a private school, please submit verification from the headmaster.

PART II

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

1. Have you ever been convicted of any crime other than a minor traffic offense? ___ YES ___ NO
2. Have you ever had any professional or paraprofessional certificate suspended or revoked in any state or voluntarily surrendered a professional or paraprofessional license or certificate? ___ YES ___ NO
3. Have you ever resigned following allegations of physical or sexual abuse? ___ YES ___ NO

If the answer is yes to any of the above, please attach a detailed explanation and, if necessary, required court documents. (See enclosed instructions.)

I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible for approval if there are any misstatements.

SIGNATURE OF APPLICANT _____ **DATE** _____