



MASSACHUSETTS DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000

APPLICATION FOR PROFESSIONAL LICENSE RENEWAL Adult Basic Education

Mail completed application form to:

Massachusetts Department of Elementary & Secondary Education

Attention: License Renewal • 75 Pleasant Street, Malden, MA 02148-4906

Telephone: 781/338-6600 TTY: 1-800-439-2370

Website: www.doe.mass.edu/licensure

SECTION 1. Personal Information			
Name (<i>last, first, middle</i>):			
Previous name (<i>if applicable</i>):			
<i>Note: To update your name, you must mail in proof of name change (i.e., copy of Marriage/Divorce Certificate).</i>			
Date of Birth:	SSN:	MA Educator License #:	
Address:			
City:		State:	ZIP Code:
Daytime Telephone:		Email:	
RENEWAL REQUIREMENTS			
Only Professional Licenses that are approaching their expiration dates or those that are currently Inactive or Invalid are eligible for renewal.			
<ol style="list-style-type: none"> 1. All adult educators eligible for licensure renewal are required to have a current Professional Development Plan on file at their program. This plan must be approved and endorsed by the program director. 2. The Professional Development Plan must identify goals related to the following four areas: <ol style="list-style-type: none"> a. Subject Matter Knowledge b. Andragogy c. Professional Practice d. Student Learning 3. Professional Development activities must be tracked by the teacher and program director. Documentation of successful completion of these activities must be kept on file at the program. 			
SECTION 2. Professional Development Plan			
<p>Adult Basic Education teachers employed in a Massachusetts Adult Education Program funded by the Department of Elementary and Secondary Education must have a Professional Development (PD) Plan approved and endorsed by the program director. Evidence of engagement in PD activities related to the goals identified on the Plan must be collected by the teacher and kept on file at the program. Teachers who are not currently employed by a Massachusetts Adult Education Program do not have to obtain approval or final endorsement of the Professional Development Plan.</p>			
1. Are you currently employed as an adult educator in a Massachusetts Adult Basic Education Program? (If NO, please proceed to question 3)		<input type="checkbox"/> yes	<input type="checkbox"/> no
2. If you are currently employed in a Massachusetts Adult Basic Education program, has your program director approved your Professional Development Plan?		<input type="checkbox"/> yes	<input type="checkbox"/> no
3. I hereby state that I have satisfied all the requirements for Professional License Renewal.		<input type="checkbox"/> yes	<input type="checkbox"/> no
_____ Signature of applicant		_____ Date	
_____ Signature of program director		_____ Date	

SECTION 3. Payment Information**The Primary Area will cost \$100.00. Each Additional Area will cost \$25.00***Please check one below:*

- I am paying by: Check payable to: The Commonwealth of Massachusetts (*attach to bottom left of application*)
 Credit Card (MasterCard or VISA *only*) Complete the attached Credit Card Payment Form

Total Paid

\$

SECTION 4. Affidavit/Applicant's Signature

The Massachusetts Department of Elementary & Secondary Education has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data for the purpose of screening prospective and current holders of educator licenses awarded by the Department of Elementary & Secondary Education, and for access to CORI conviction data in the context of proceedings relative to the recertification process. A criminal record check may be conducted for criminal and pending or criminal case information only, as authorized, and it will not necessarily disqualify me.

State law requires applicants for licensure to affirm certain information. Please check all of the statements below that apply. If you do not check each statement, please enclose a letter of explanation. We will then contact you and will determine your eligibility for licensure.

Since completion of my last licensure or renewal application, I certify that:

- I have never appeared in any federal or state court in the Commonwealth of Massachusetts or any other commonwealth, state, district, territory or country as a defendant for any criminal offense. (You must leave this blank and provide an explanation regardless of the outcome of the case if you appeared as a defendant. Generally speaking, any process before a court where you are required to enter a plea or where you could be placed on probation prior to entering a plea is considered an appearance as a defendant. Failure to disclose criminal court appearances will be grounds for license denial or revocation.)
- I have not been identified by any child protection agency as a perpetrator of child abuse or neglect.
- I have not been dismissed for cause from any position I held.
- I have not been asked to resign from any position or resigned from any position while under investigation or as a result of discipline.
- I have not had a professional license or certificate denied, revoked, suspended, surrendered or annulled, and no action is pending to revoke or suspend any professional license or certificate I hold.
- In accordance with MA General Laws Chapter 62C, § 49A, I have filed all state tax returns and paid all Massachusetts taxes required by law, and I am in compliance with all Massachusetts laws relating to payment of child support. Note: If you have not resided or earned income in Massachusetts, in most cases, you do not owe any Massachusetts income tax and can answer the above question in the affirmative. If you are unsure about the correct answer, please consult a tax professional before you leave this question blank.
- I have read MA General Laws Chapter 119, §51A, which requires educators and others who are paid to care for or work with children to make a report immediately to the Department of Social Services or to the person in charge of the school or institution if there is reasonable cause to believe a child under 18 is suffering physical or emotional injury as a result of abuse, including sexual abuse, or neglect. I understand my obligations under §51A and the penalties for failure to comply.
- I understand and acknowledge that as a condition of holding an educator license, a criminal background check may be conducted for criminal and pending case information as authorized by the Criminal History Systems Board and that a criminal record will not automatically disqualify me.
- This application contains no misrepresentations or falsehoods. I understand that misrepresentations or falsehoods may be cause for denial or revocation of my educator license.
- I understand that I must notify the Commissioner of the Massachusetts Department of Elementary & Secondary Education in writing within ten days if in the future the answers to any of these questions change.

Attach a separate page to explain any unchecked items.*Please Print Your Full Name:**Signed under penalties of perjury:**Date:*

CREDIT CARD PAYMENT INFORMATION

Please complete all areas of this form so that we may process your payment in a timely manner.

1. Applicant Information

Applicant's Name:

SSN:

2. Cardholder Information

Cardholder's Name (*last, first, middle*):

Cardholder's Address:

City:

State:

ZIP Code:

3. Credit Card Information

Please CIRCLE the credit card you are using to process your application

MASTERCARD

VISA

Account #

Expiration Date:

FEES

\$100.00 for "First" License/Primary Area

\$25.00 for each New Field and Grade Level/Additional Area, or Duplicate License

Please apply payment to (please check):

PreK-12

Renewal

Vocational

ABE

Duplicate License

Total Payment:

\$

Credit Cardholder's Signature: _____

Date: _____