Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906
Telephone: (781) 338-3000 TTY: 1-800-439-2370 Website: www.doe.mass.edu/licensure

APPLICATION FOR THE ADULT BASIC EDUCATION TEACHER'S LICENSE

Section 1. Your Personal Information

Social Security # _____-_____-_____ Date of Birth: _____ Gender: Male: ____ Female ____

Last Name: _____ First Name: _____ Middle: _____

Previous Name (if applicable) _____*To update your name, you must submit proof of name change (i.e., copy of MA Driver's License if # is your SS#, or Marriage/Divorce Certificate).*

Home Address

_____
Street Apt. #

_____
City/Town State Zip

Daytime Tel # _____ - _____ - _____ Evening Tel.# _____ - _____ - _____ email: _____

- Have you previously applied for a Massachusetts Educator Certificate/License? ❑ Yes ❑ No
- Do you currently hold a Massachusetts Teacher Certificate/License? ❑ Yes ❑ No
- If yes, what is the certificate/license number? _____

Section 2. Application Level

Level of ABE license applying for:

❑ Provisional ABE License:
You must show proof of a bachelor's or a master's degree, plus passing scores on the appropriate Massachusetts Tests for Educator Licensure, The Communication & Literacy Skills test and the ABE Subject Matter test. For general test information and test registration please visit http://www.doe.mass.edu/mtel .

❑ Professional ABE License:
You must show proof of a bachelor's or a master's degree, plus passing scores on the appropriate Massachusetts Tests for Educator Licensure. The Communication & Literacy Skills test and the ABE Subject Matter test. For general test information and test registration please visit http://www.doe.mass.edu/mtel/. You must complete all requirements for licensure via an ABE teacher preparation program or through the ABE Review Panel.

Section 3. Payment Information

Please check one below:

Total Paid
$ _____

I am paying by ❑ Check payable to: The Commonwealth of Massachusetts
Please enclose with your application a certified check or money order, attached to bottom left of application. No personal checks or cash accepted.
❑ Credit Card (Master Card or Visa only) *Complete the attached Credit Card Payment Form.*

Section 4. Transcripts

Please indicate the official transcripts (or copies showing the Registrar's signature and/or seal) that you are submitting with your application, as well as those that may be arriving under separate cover.

Enclosed with application	Sending to the attention of the ABE Licensure Coordinator
_____	_____
_____	_____
_____	_____
_____	_____

Section 5. Affidavit/Applicant's Signature

The Massachusetts Department of Elementary and 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 and 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.

Upon application and/or completion of my last licensure or renewal application, I certify that:

- ❑ I have not been convicted of any crime or received deferred adjudication (e.g., continued without a finding) or admitted to sufficient facts, nor am I currently charged with any crime (misdemeanor or felony). [Do not include minor traffic violations.]
- ❑ 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.
- ❑ 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 Children and Families 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 and Secondary Education in writing within ten days if in the future the answers to any of these questions change.

Please Print Your Full Name:_____

Signed under penalties of perjury_____ Date _____

An incomplete application will be returned to you, causing a delay in your license renewal.

Special accommodations are available to any person who has a documented physical or learning disability. For further information, please contact the Office of Educator Licensure at 781-338-3000. The Massachusetts Department of Elementary and Secondary Education does not discriminate on the basis of age, color, disability, national origin, race, religion, sex, or sexual orientation.

Charge Card Authorization Form
MASTERCARD and VISA Accepted

Educator Licensure and Recruitment

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

1. Applicant Information

Applicant's Name _____

Applicant's Social Security Number _____ - _____ - _____

2. Card Holder Information

_____

Card Holder's Last Name Card Holder's First Name & Middle Initial (if any)

_____

Card Holder's Address, Street and Apartment Number, *if any*

_____

Card Holder's City/Town 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: ❑PreK-12 ❑Renewal ❑ Vocational ❑ ABE ❑ Duplicate License

Total Payment: $ _____

Credit Card Holder's Signature: _____ Date: _____