

6. Do you hold a valid educator's certificate or license in any other state? ___YES ___NO
 State _____ Area(s) _____ Cert. No. _____
7. Have you ever been denied an educator's certificate or license for reasons other than your failure to meet academic or work experience requirements? If yes, attach an explanation stating date, state, and reason(s) for denial. ___YES ___NO
8. Has your educator's certificate or license in another state even been suspended, revoked, or surrendered? If yes, attach an explanation. ___YES ___NO
9. Are you currently the subject of any action to revoke or suspend your educator's certificate or license? If yes, attach an explanation. ___YES ___NO

SECTION C:

APPLICANT'S EDUCATION

| | Institution Attended | Field of Concentration | Dates Attended | Degree (if any) |
|--------------------------|----------------------|------------------------|----------------|-----------------|
| Colleges Or Universities | | | | |
| | | | | |
| | | | | |

APPLICANT'S EXPERIENCE

Student Teaching/Internship

| City or Town And State | School | Grade Level and Areas | Dates of Experience (Month/Year) |
|------------------------|--------|-----------------------|----------------------------------|
| | | | |
| | | | |

Work Experience

| City or Town And State | School | Grade Level and Areas | Dates of Employment (Month/Year) |
|------------------------|--------|-----------------------|----------------------------------|
| | | | |
| | | | |

SECTION D: AUTHORIZATION

I certify the accuracy of the information provided in this application and in any supporting documentation that I may submit. I have read and understand the notice regarding Rhode Island laws above. I hereby authorize the release of information to the Department of Education for the purpose of investigating or verifying any information in my application.

(Signature of Applicant)

(Date)

SECTION E: EVALUATION FEE: \$50 (non refundable per area)

PLEASE MAKE CHECKS PAYABLE TO: GENERAL TREASURER-STATE OF RI. ALL FEES ARE NON-REFUNDABLE. NOTE: WE ARE UNABLE TO ACCEPT CASH.

Please mail application, fee and required documents to:

**Rhode Island Department of Education
 Office of Educator Quality and Certification
 255 Westminster St.
 Providence, RI 02903-3400**

To be acceptable, application must be dated within the past three (3) months and signed by the applicant.