MAINE DEPARTMENT OF EDUCATION
APPLICATION FOR INITIAL EDUCATIONAL APPROVAL

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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. EMAIL Address	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 O4333-0023

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

1. Have you ever been convicted of **ANY** crime? ____ YES ____ NO
   (Notes: DUI/OUI must be included; they are not considered minor traffic offenses. If you have been convicted of a crime and answer "no"; this is grounds for revocation, suspension, denial, and/or nonrenewal of approval.)
2. Have you ever had any occupational or professional license or credential suspended or revoked in any state, or voluntarily surrendered an occupational or professional license or credential? ____ 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 with required court documents.~~ (See enclosed instructions.)

Have you had your fingerprints taken as required by the Criminal History Record Check? (See enclosed instructions.)

_____ YES _____ NO

If yes, where _____ Date: _____

I authorize the Dept. of Education to charge the applicable fees for this application:

M/C ___ VISA ___ EXPIRATION DATE _____ CREDIT CARD NUMBER _____

I hereby declare or affirm under penalty in the law for unsworn falsification that this application, and any supporting documentation provided in support of this application, contains no willful misrepresentations or falsifications and that the information given by me is true, accurate, and complete to the best of my knowledge and belief, and so far as based on information and belief, I believe the information to be true. I understand that my answers may be verified and that I may be declared ineligible for certification and subject to civil or criminal penalties if there are any misrepresentations.

SIGNATURE OF APPLICANT _____ **DATE** _____

DEPT. USE ONLY				C									

Unless you receive an exception, you will be approved to be employed in the schools of Maine in a position for which you are otherwise qualified. The local school unit is responsible for determining whether you are otherwise qualified for a job category.