|  | ***Massachusetts Department of***  ***Elementary and Secondary Education*** | |
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| Office of Educator Licensure | Telephone: (781) 338-6600 |
| 135 Santilli Highway, Everett, MA 02149-1962 | TTY: N.E.T. Relay (800) 439-2370 |

**APPLICATION FOR PROFESSIONAL LICENSE RENEWAL**

Academic/PreK-12 and Vocational Technical

*Mail completed application form to:*

### Massachusetts Department of Elementary & Secondary Education

Attention: License Renewal ⬝ Office of Educator Licensure ⬝ 135 Santilli Highway, Everett, MA 02149-1962

Telephone: 781/338-6600 TTY: 800343930183

Website: [www.doe.mass.edu/licensure/](http://www.doe.mass.edu/licensure/)

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| SECTION 1. Personal Information | | | | | | | | |
| Name (*last, first, middle*): | | | | | | | | |
| Previous name *(if applicable*): | | | | | | | | |
| *Note: To update your name, you must mail in proof of name change (i.e., copy of MA Driver’s License or Marriage/Divorce Certificate).* | | | | | | | | |
| Date of birth: | | | **\***SSN: | | | MA Educator License # or MEPID: | | |
| Address: | | | | | | | | |
| City: | | | | | State: | | ZIP Code: | |
| Daytime Telephone: | | | | Email: | | | | |
| **\***Social Security Number (SSN) (**disclosure is mandatory**):  Pursuant to G.L. c. 62C, § 47A and G.L. c. 119A, § 16, the Department of Elementary and Secondary Education is required to obtain your SSN. Your SSN may be used to facilitate the authorized sharing of information with designated agencies for the following purposes: compliance with tax laws; reporting of disciplinary actions to national data repository systems; and compliance with child support laws. If you do not have an SSN, you must contact the Licensure Office at 781-338-6600. | | | | | | | | |
| Renewal Requirements – Professional Development Points (PDPs) **Note: Only Professional Licenses that are approaching their expiration dates or those that are currently Inactive or Invalid are eligible for renewal.** | | | | | | | | |
| ACADEMIC PROFESSIONAL LICENSE **Primary Area:** (Educators): A minimum of 150 PDPs:   * At least 15 PDPs in content (subject matter knowledge) * At least 15 PDPs in pedagogy (professional skills and knowledge) * At least 15 PDPs related to Sheltered English Immersion (SEI) or English as a Second Language (ESL) * At least 15 PDPs related to training in strategies for effective schooling for students with disabilities and the instruction of students with diverse learning styles   The remaining required 90 PDPs may be earned through either “elective” activities that address other educational issues and topics that improve student learning, or additional content, and/or pedagogy.  **Each Additional Area:** A minimum of 30 PDPs. Out of the 30, at least 15 PDPs in content is required.  **Invalid Licenses:** Primary or Additional; require 150 PDPs to renew  **Refer to License Renewal Guidelines:** TBD | | | | | | | | |
| Vocational Technical Professional License **Primary Area (Voc Teachers):** A minimum of 150 PDPs and current state and/or national license, if required, for the particular license field \*\*   * 10 points must be in subject matter, knowledge and skills; * 10 points must be in pedagogy; * 10 points must be in academic and technical curriculum integration; and * 10 points must be in safety and health. Current state and/or national license, if required, for the particular teacher license. * 15 points must be in Sheltered English Instruction (SEI), English as a Second Language or Bilingual Education * 15 points must be in training in strategies for effective schooling for student with disabilities and diverse learning styles   **Primary Area (Voc Administrators):** A minimum of 150 PDPs in areas designated by DESE\*\*  **Each Additional Area (Voc Teachers):** 30 PDPs in any of the four areas (subject matter, knowledge and skills; pedagogy; academic and technical curriculum integration and safety and health). Current state and/or national license, if required, for the particular teacher license.\*\*  **Each Additional Area (Voc Administrators):** 30 PDPs in any of the following areas specific to your license, such as: supervision, school law, school finance, labor relations, safety & health curriculum, labor laws.\*\* | | | | | | | | |
| \*\*Refer to Chapter 74 Guide for Professional Vocational Technical Educator License Renewal for specific license(s) [www.doe.mass.edu/licensure/voctech/](http://www.doe.mass.edu/licensure/voctech/) | | | | | | | | |
| **SECTION 3. -Indicate Professional License(s) for Renewal**  You may apply to renew as many Professional level licenses as you wish, as long as you have completed the necessary Professional Development Points (PDPs) for each license. Each grade level is considered a separate license.  **Swap Option**: Professional license holders now have the option to swap one or more Professional level licenses with another license currently issued. You will find a list of Academic licenses with the Field and Grade level and the Swap Options **here (hyperlink).**  If you choose to | | | | | | | | |
| **\*Swap Option for Academic Professional license holders**  swap one or more Professional level licenses, please place a check mark in the box below for the Primary Area and/or Additional area license(s) (whichever license(s) you choose for the swap option), and your license(s) will be updated in ELAR, according to your request to swap. If you do not wish to swap your license, please leave the *Swap Options* box blank. **NOTE:** You will not be able to swap your license(s) back to the license you were initially issued once your license has been swapped to another license in your ELAR profile**.**  **Please indicate the license(s) you wish to renew and/or swap.** The Primary Area will cost $100.00. Each Additional Area will cost $25.00.  **SECTION 2. IPDP and Educator Plan Approval**  **If** employed in a Massachusetts public school district, **you** must receive Initial Plan Approval within three months from the date the professional license was issued or renewed, or within three months of beginning employment. **You** must obtain final plan approval and endorsement of the IPDP prior to submitting the renewal application. **You may elect to use professional practice goals established under your Educator Plan for license renewal, as long as the professional development activities under the Educator Plan meet renewal requirements. NOTE:** Educators who are not currently employed by a Massachusetts public school district do not have to obtain approval or final endorsement of either Plan.  1. Are you currently employed in the role of your Professional level license in a Massachusetts public school? ❒ yes ❒ no  (if yes, you MUST answer question 2; if no, please proceed to question 3)  2. Since you are currently employed in a Massachusetts public school, you are required to obtain approval and final endorsement of your Individual Professional Development Plan (IPDP) and/ or Educator Plan. Has your supervisor approved your IPDP and/or Educator Plan? ❒ yes ❒ no  3. I hereby state that I have satisfied all the requirements for Professional License Renewal. ❒ yes ❒ no | | | | | | | | |
| **SECTION 3. Indicate Professional License(s) for Renewal** | | | | | | | | |
| You may apply to renew as many Professional level licenses as you wish, as long as you have completed the necessary Professional Development Points (PDPs) for each license. Each grade level is considered a separate license.  **Please indicate the license(s) you wish to renew.** The Primary Area will cost $100.00. Each Additional Area will cost $25.00. | | | | | | | | |
|  | | Field (i.e. Elementary) | | | | | | Grade Level (i.e., 1-6 |
| Primary Area: |  | | | | | | |  |
| Additional: |  | | | | | | |  |
| Additional: |  | | | | | | |  |
| Additional: |  | | | | | | |  |
| Additional: |  | | | | | | |  |
| **Please be sure a Primary Area is selected, unless there is one currently active and you wish to maintain it as your Primary Area.**  ***Note:*** *In order to renew a license that is not designated as your Primary Area, you must have an active Primary license in place. If you wish to change your Primary license designation at the time of renewal, you must have completed the appropriate number of PDPs for your new Primary Area.* | | | | | | | | |

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| SECTION 4. Payment Information | | | |
| The Primary Area will cost $100.00. Each Additional Area will cost $25.00 | | | |
| Check payable to: The Commonwealth of Massachusetts (*attach to bottom left of application*) | | | total Paid $ |
| section 5. 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 (see page 5), 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 and 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:*** | |