MAINE DEPARTMENT OF EDUCATION
APPLICATION FOR EDUCATIONAL APPROVAL RENEWAL

W Z

Please type or print sections 1 through 11.

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. Street Address (if different)	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 other than a minor traffic offense? ____ YES ____ NO
2. Have you ever had any professional or paraprofessional certificate suspended or revoked in any state or voluntarily surrendered a professional or paraprofessional license or certificate? ____ 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 and, if necessary, required court documents.

I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible for approval if there are any misstatements.

SIGNATURE OF APPLICANT _____ **DATE** _____

You may elect to use M/C or VISA to pay the amount due. Please check card type used and enter correct information.

M/C ___ VISA ___ EXPIRATION DATE _____ ACCOUNT NUMBER _____

Cardholder Signature Required: _____

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.

EFC-300-CR
REV 11/07