



The Commonwealth of Massachusetts • Department of Education

Licensure Renewal • P.O. Box 9170 • Malden, Massachusetts 02148-9170
Tel. 781.338.3000 TTY: 800.439.0183 Website: www.doe.mass.edu/recert

Application for Renewal of PreK-12 Professional Level License (Recertification)

*Please complete all sections (1-6) of this application.
An incomplete application will be returned to you, causing a delay in your license renewal.*

Section 1. Your Personal Information

Social Security # _____ - _____ - _____ MA Educator License # _____ Date of Birth: MM DD YY

Name _____
Last First MI

Previous name (if applicable) _____ To update your name, you must mail in 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 Telephone _____ - _____ - _____ Email _____

Section 2. Indicate License(s) for Renewal

Only Professional (Standard) level license(s) are eligible 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 also note that your renewal will activate your license for another 5 calendar years.

Please indicate the license(s) you wish to renew. The Primary Area will cost \$100. Each Additional Area will cost \$25.

FIELD	GRADELEVEL
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 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.

Section 3. Payment Information

The Primary Area will cost \$100. Each Additional Area will cost \$25.

Check one: I am paying by _____ Check (staple/attach to bottom left of application)
 _____ Credit Card (American Express not accepted)

Checks may be made payable to The Commonwealth of Massachusetts.
 If you are paying by credit card, please complete the following:

Credit Card Number _____ Exp. Date (MM/YY) _____

Your signature as it appears on your card _____

Total Paid \$ _____

Section 4. (continued) Record of Eligible Professional Development Activities *You may copy this page if additional space is needed.*

ADDITIONAL AREA: Record of Eligible Professional Development Activities

(each grade level is considered a separate license, for example, Math 5-9 or Math 9-12)

Field _____ Grade Level _____

<i>Please combine activities by Topic. Activity: (e.g., Workshop, Product, Course, etc.)</i>	<i>Date Completed</i>	<i>Content PDPs</i>	<i>Pedagogy PDPs</i>	<i>Other PDPs (elective)</i>

Column Total PDPs			
Grand Total PDPs			

ADDITIONAL AREA: Record of Eligible Professional Development Activities

(each grade level is considered a separate license, for example, Math 5-9 or Math 9-12)

Field _____ Grade Level _____

<i>Please combine activities by Topic. Activity: (e.g., Workshop, Product, Course, etc.)</i>	<i>Date Completed</i>	<i>Content PDPs</i>	<i>Pedagogy PDPs</i>	<i>Other PDPs (elective)</i>

Column Total PDPs			
Grand Total PDPs			

ADDITIONAL AREA: Record of Eligible Professional Development Activities

(each grade level is considered a separate license, for example, Math 5-9 or Math 9-12)

Field _____ Grade Level _____

<i>Please combine activities by Topic. Activity: (e.g., Workshop, Product, Course, etc.)</i>	<i>Date Completed</i>	<i>Content PDPs</i>	<i>Pedagogy PDPs</i>	<i>Other PDPs (elective)</i>

Column Total PDPs			
Grand Total PDPs			

*Please complete all sections (1-6) of this application.
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Section 5. Supervisor Final Endorsement

If you are currently employed in a Massachusetts public school district, you are required to obtain endorsement of your Professional Development Plan from your supervisor prior to submitting an application for licensure renewal to the Department of Education. Educators who were issued Professional (Standard) level licenses between October 1, 1994 and June 17, 1999, as well as educators not currently employed by a public school district, do not have to obtain approval or final endorsement of their Professional Development Plans.

Please identify the supervisor who reviewed and endorsed your plan so that the Department of Education may verify any information with your supervisor.

Supervisor's Name: _____

District: _____

Business Phone: _____

Email: _____

Section 6. Sign Affidavit

State law requires applicants for licensure and license renewal 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 if necessary and will determine your eligibility for license renewal.

Please check all that apply.

Since completion of my last licensure or renewal application, I certify that:

_____ I have not been convicted of 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 a position in a school or child care facility.

_____ I have not had a professional license or certificate denied, revoked, suspended, surrendered or annulled, and no action is pending to revoke or suspend my professional license or certificate.

_____ I have filed all state tax returns and paid all state taxes required by law.

_____ I have read General Laws Chapter 119, S 51A (<http://www.state.ma.us/legis/laws/mgl/119%2D51a.htm>) 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 S 51A and the penalties for failure to comply.

_____ This application contains no misrepresentations or falsehoods. (Misrepresentations or falsehoods shall be sufficient cause for denial or revocation of certification/licensure).

_____ I have completed the requirements for license renewal for all my Professional level licenses listed.

Explanation for any unchecked items included. Attach separate page if desired.

The Massachusetts Department of Education has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for educator licensure, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information above is correct to the best of my knowledge.

Signed under penalties of perjury _____ *Date* _____