



# APPLICATION FOR CONVERSION FROM AN INITIAL TO A FULL PROFESSIONAL SERVICE LICENSE

**Board of Educational Examiners  
Use Only**

Revised 7/15  
**Form #1**

**INSTRUCTIONS: (Incomplete applications may be returned.)**

1. The application must include a completed application, \$86 nonrefundable fees, and applicable late fees.
2. Send all materials and check or money order (made payable to the Board of Educational Examiners) to the **Board of Educational Examiners, Licensure, Grimes State Office Building, 400 E. 14<sup>th</sup> St., Des Moines, IA 50319-0147.**
3. **LATE RENEWAL FEE.** An additional fee of \$25 per calendar month, not to exceed \$150, shall be imposed if a renewal application is submitted after the expiration date. The board will waive the late fee for not currently practicing as an educator in Iowa,.
4. Please allow four weeks for processing.

**FYI – If you have taken any college credit or AEA licensure renewal credit before the issue date of the Professional Service License, these hours cannot be used to renew the Professional Service License.**

Name changes require a photocopy of official legal documentation. **All fees are NONREFUNDABLE. Incomplete applications will be voided after 45 days.**

Applicant's Folder #	Social Security #	Date of Birth Month    Day    Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone (    )	Daytime Phone (    )	Email Address	

**Background Information:**

Attach a written explanation on 8 1/2" x 11" paper for any "Yes" response to questions "a" to "e." Be sure to include the date of the violation. **DO NOT** explain on this application form. If you have reported a "Yes" response on a previous application, check "PR" (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

- a. Yes  No  PR  Have you ever been convicted of a felony?
- b. Yes  No  PR  Have you ever been convicted of a crime other than parking or speeding violations?  
(NOTE: Include all deferred judgments.)
- c. Yes  No  Do you currently have any criminal charges pending against you?
- d. Yes  No  PR  Have you ever had a founded report of abuse made against you?
- e. Yes  No  PR  Have you ever had an educational license denied, revoked, or suspended?
- f. Yes  No  Are you a United States citizen? If you answered "No," check if you are:
  - a qualified alien (as defined in 8 U.S.C.A. § 1641). If so, please provide appropriate documentation.
  - an alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. If so, please provide appropriate documentation.
  - a foreign national not physically present in the United States.
  - other – Please provide a detailed explanation on a separate 8 ½ x 11 sheet of paper

**Statement of Fraud:**

An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Form #2

**SECTION II: To be completed by your Iowa public school Administrator.**

Iowa Public School/Area Education Agency

- The individual has completed a mentoring and induction program, has 2 full years of experience, meets or exceeds all Iowa Teaching Standards as modified to meet the standards of the profession, and is recommended for a Full Professional Service License. (Superintendent/AEA Director's signature NOT required.)
- The individual is being recommended for a third-year conditional license before license decision is made. Please identify which standard(s) were not met.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The individual fails to meet the Standards. (Superintendent/AEA Director's signature required. It is the responsibility of the superintendent/AEA director to report to the Board of Educational Examiners the teacher's failure to meet the Iowa Teaching Standards.

Experience From (month) \_\_\_\_\_ 20\_\_\_\_ Until (month) \_\_\_\_\_ 20\_\_\_\_

Two years of experience are also required to convert this license.

*(If teaching experience is completed in more than one school district/agency, each additional school district/agency must verify experience. The district/agency's administrator should use official letterhead to document the dates of contracted teaching in that district/agency.)*

\_\_\_\_\_  
Evaluator's Signature and Folder Number # \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/AEA Director's Signature and Folder Number (Not required if teacher is recommended for Full Professional Service License) # \_\_\_\_\_ District \_\_\_\_\_

SECTION II: To be completed by your nonpublic or out-of-state school Administrator.

Nonpublic or Out-of-State School

I hereby verify that the applicant in Form #1 served successfully as a teacher in this school district between the following dates. (Three years of experience in an Iowa nonpublic school/Agency or out-of-state school/Agency are necessary to convert the initial to a full professional service license.)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
month      day      year

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
month      day      year

\_\_\_\_\_  
School District/Agency

\_\_\_\_\_  
City

\_\_\_\_\_  
State

District(s) taught:  
\_\_\_\_\_

List specific subjects taught: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name of Administrator

\_\_\_\_\_  
Folder # (Iowa administrators only)

***(If the experience is completed in more than one school district/agency, each additional school district/agency must verify the experience. The administrator should use official school letterhead to document the dates of contracted experience in that district/agency.)***