

Attach check or
money order

DO NOT
SEND
CASH

APPLICATION FOR RENEWAL OF A STANDARD LICENSE

Board of Educational Examiners
Use Only

(Note: You may not renew your license earlier than one year from its expiration date.)

INSTRUCTIONS: (Please allow four weeks for processing. Incomplete applications may be returned.)

Revised 7/16

RENEWAL REQUIREMENTS

Six credits, completed during the term of the license (after the issue date and before the expiration date, and no more than five years old if the license is expired), are required to renew the Standard License. **CEU CREDITS OR CLOCK HOURS ARE NOT ACCEPTED.** Complete this form and include **official transcripts** (not "certificates of completion") for credits earned.

In addition to the six credits, you must also submit a certificate verifying the completion of the child and dependant adult abuse mandatory reporter training.

Acceptable renewal credits include any combination of the following list, but have to be taken within the term of the license (or be no more than five years old if the license has expired):

1. Credit(s) completed from a regionally accredited institution, which may not lead to a degree but which add greater depth/breadth to present endorsement held.
2. Credit(s) completed from a regionally accredited institution, which lead toward the completion of a planned master's, specialist's, or doctor's degree program in an endorsement area.
3. Credit(s) completed from a regionally accredited institution, which may not lead to a degree but which lead to completion of requirements for an endorsement not currently held.
4. Credit(s) completed through Iowa licensure renewal courses or activities approved through guidelines established by the Iowa Board of Educational Examiners, such as licensure renewal credits through an approved Iowa provider.
5. Four credits may be earned for achievement of or the renewal of National Board for Professional Teaching Standards Certification. Please include a copy of the NBCT certificate or NBCT renewal.
6. Two credits may be earned through serving as a cooperating teacher. Colleges will issue official reports which must be included.
 - (1) Mentoring a full-semester student teacher (14 or more weeks) is worth one credit.
 - (2) Mentoring a half-semester student teacher (less than 14 weeks) is ½ credit.
 - (3) Mentoring a practicum student or practicum students (early field experience) equivalent to 90 contact hours (hours may be accrued over several semesters) is worth ½ credit, or 180 hours or more is worth one credit.
7. One credit may be earned through verification of the successful completion of an individualized professional development plan as verified by the supervising licensed evaluator.

APPLICATION REQUIREMENTS

1. Attach official/original college/university transcripts of credit, or approved transcripts showing six credits.
2. Include a copy of the certificate verifying completion of the **child and dependent adult abuse mandatory reporter training** if you are currently serving in an Iowa School system **or** if you have an Iowa address. The mandatory reporter training is waived if you do not have an Iowa address **and** you are not serving in an Iowa school.
3. The application packet must include a completed application, official transcripts, \$86.00 nonrefundable application and background check fees, child and dependent adult abuse reporter verification, and applicable late fees.
4. 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. 14th St., Des Moines, IA 50319-0147.**
5. **LATE RENEWAL FEE.** An additional fee of \$25.00 per calendar month, not to exceed \$150.00, shall be imposed if a renewal application is submitted after the expiration date. The board will waive the late fee for the following: (a) not currently practicing as an educator in Iowa, (b) obtaining a Substitute License.
6. The only coursework acceptable for renewal from a non-Iowa institution is coursework that has been completed for undergraduate or graduate credit. Please be aware that some institutions may indicate that the course work is graduate level course work, but graduate credit is not provided. Professional development units are provided instead. Professional development units and staff development credits completed at a non-Iowa institution are not acceptable. Continuing education units (C.E.U.s) are not acceptable for renewal.
7. If a license is not renewed before the expiration date, the semester hours of credit presented for its renewal must have been completed within the five-year period immediately preceding the date of application for renewal.

RENEWAL OF STANDARD 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 <i>Name changes require official documentation.</i>	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone ()	Daytime Phone ()	Email Address	

Have you taken the Child and Dependent Adult Abuse Course and included the certificate? Yes No

Institution	Course Titles of Courses Taken to Renew This License (include official transcripts – not certificates of completion)	Course Number	# of Credits Granted	Date Completed MM/YYYY

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 Permission and Fraud:

I hereby give permission for the Board of Educational Examiners to conduct both an Iowa criminal history record check with the Division of Criminal Investigation and a national check through the Federal Bureau of Investigation. Any information maintained by the DCI or FBI may be released as allowed by law.

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

For educators currently serving in an Iowa school district, one renewal credit per renewal cycle may be earned through verification of the successful completion of an individualized professional development plan as verified by the supervising licensed evaluator.

By signing this form, I verify that the IPDP was successfully completed. I have also included a photocopy of the approved and completed IPDP plan. Attach a copy of the individualized professional development plan. The plan should minimally including specific goal(s), planned activities, alignment to building/district goals, alignment to the Iowa teaching standards, data collected, and how the goal impacted student learning.

Date plan was developed _____ Date plan was completed/reviewed _____

Teacher's Signature _____ Date of Approval _____

Evaluator's Signature _____ Date of Approval _____

Printed Name of Iowa Supervising Evaluator _____ Folder Number _____