



# APPLICATION for Licensure (IOWA INSTITUTION)

State of Iowa  
Board of Educational Examiners  
Licensure  
Grimes State Office Building  
400 E. 14<sup>th</sup> St.  
Des Moines, Iowa 50319-0147  
Rev 10/07

**I. TO BE COMPLETED BY APPLICANT** (type or print) Please allow four weeks for processing.  
Name changes require a photocopy of official legal documentation.

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
Home Phone (    )	Work Phone (    )	Email Address	

Have you ever held an Iowa License?  Yes -  No --- If yes, do you wish to add an endorsement?  Yes  No

Degree(s) held and conferred:

Bachelor's Institution                      date	Master's Institution                      date
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**License Desired:** If you are applying for an Iowa license (Make checks and money orders payable to the Bd. of Educational Examiners)  
 Initial (\$85)                       Substitute(\$85)                       Class A (Conditional)(\$85)                       Administrator (\$85)

Note: If the applicant is **renewing** a license in addition to adding an endorsement, he/she needs to submit a **renewal form, transcripts** showing sufficient renewal credits (and master's degree if converting to the Master Educator License) and a certificate showing recent completion of an approved **mandatory reporter** of child and dependent adult abuse class. Do this as a separate process.

**Background Information:**

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. 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 (report any OWIs)?
- c. Yes  No  PR  Have you ever had a founded report of child abuse made against you?
- d. Yes  No  PR  Have you ever had an educational license denied, revoked, or suspended?
- e. Yes  No  PR  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

**SECTION II - Endorsement: To be completed by institution**

**Include \$50 for each endorsement being added to an existing license. (payable to the Board of Educational Examiners)**

After our transcript analysis, we find that the applicant has completed this institution's approved program for adding the following endorsements:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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After our transcript analysis, we find that the applicant has completed the **BOEE's requirements** for adding the following endorsement(s).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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\_\_\_\_\_  
Signature of Recommending Official

\_\_\_\_\_  
Institution Name

**Affix College  
Seal Here**

\_\_\_\_\_  
Typed or printed Signature of Recommending Official

\_\_\_\_\_  
Date