



APPLICATION FOR INDIANA TEACHING, ADMINISTRATION, OR SCHOOL SERVICES LICENSE

State Form 9331 (R13 / 4-09)

Approved by State Board of Accounts, 2008

INDIANA DEPARTMENT OF EDUCATION
OFFICE OF EDUCATOR LICENSING AND DEVELOPMENT
151 West Ohio Street
Indianapolis, IN 46204
Toll Free: 1-866-542-3672
Fax: (317) 232-9023
www.doe.in.gov/educatorlicensing

ACCOUNTING CONTROL

Receipt number

Transaction number

Date received (month, day, year)

The information in this document is confidential according to IC 5-14-3-4(b)8.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:**
1. Please **TYPE** or **PRINT** clearly.
 2. Attach money order or cashier's check for \$35.00, payable to the State of Indiana.
 3. **Do not send cash or personal checks. All fees are non-refundable.**
 4. Submit this application with a Limited Criminal History report.

SECTION A - ACTION REQUESTED

Check one of the following:

- Original Addition Renewal Conversion to 10-year

Check one of the following:

- Teaching Administration School Services

List subject and/or endorsement areas

SECTION B - APPLICANT INFORMATION

Please print your name as you wish it to appear on your license.

Name of applicant (last, first, middle)

Previous / maiden name

Social Security number *

Date of birth (month, day, year)

Telephone number

()

Address (number and street)

E-mail address

City

State

ZIP code

SECTION C - LICENSE HISTORY

Last Indiana educator license held (if any)

License number

Date of issue (month, day, year)

Last name in which license was issued

If you are a graduate of a teacher preparation program at an out-of-state institution, have your credentials been evaluated by the Office of Educator Licensing and Development? Yes No

If yes, when? (month, day, year)

SECTION D - EDUCATIONAL BACKGROUND

COLLEGES / UNIVERSITIES ATTENDED	DEGREE OR COURSEWORK	DATE OF GRADUATION OR ATTENDANCE (month, day, year)	STATE

SECTION E - CRIMINAL HISTORY

1. Have you ever been convicted of a felony? Yes No
2. Have you been convicted of a misdemeanor since January 15, 1994? Yes No
3. Have you ever had a credential, certificate or license to teach denied, revoked or suspended in Indiana or in any other state? Yes No

If you answered yes to questions 1 or 2, you must provide a written explanation and court records, including:

- Chronological case summary
- Affidavit of probable cause
- Charging information
- Plea agreements (if applicable)
- Judgment / Order of Sentencing
- Documentation of successful completion / release from any probation

Court records may be obtained from the clerk of the court(s).

If you answered yes to question 3, you must submit a written explanation and any available documentation.

LOYALTY AFFIDAVIT

I affirm that the information contained in my application is true and accurate to the best of my knowledge and belief. Misrepresentations made in this application may constitute grounds to deny, suspend, or revoke a license.

I solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of Indiana.

Signature of applicant

Date (month, day, year)