## MAINE DEPARTMENT OF EDUCATION APPLICATION FOR INITIAL EDUCATIONAL APPROVAL

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1. NAME (First, MI, Last, and optional suffix such as Jr., III)			2. Social Security Number			Other name(s) under which     Your records are filed		DATE
4. Mailing Address		5. Street Address (if different)		erent)	6.	6. City or Town 7. State		8. Zip Code
9. Home Phone	10. Sex Male Female	11. Date of Birth / / mo. day yr.		RETURN TO: DEPARTMENT OF EDUCATION CERTIFICATION OFFICE 23 STATE HOUSE STATION, AUGUSTA, ME 04333-0023				
<ol> <li>Have you ever been convicted of any crime other than a minor traffic offense? YES NO</li> <li>Have you ever had any professional or paraprofessional certificate suspended or revoked in any state or voluntarily surrendered a professional or paraprofessional license or certificate? YES NO</li> <li>Have you ever resigned following allegations of physical or sexual abuse? YES NO</li> <li>If the answer is yes to any of the above, please attach a detailed explanation with required court documents. (See enclosed instructions.)</li> </ol>								
Have you had your fingerprints taken as required by the Criminal History Record Check? (See enclosed instructions.)  YES NO								
If yes, where			Date:					
I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible for approval if there are any misstatements.								
SIGNATURE OF APPLICANTDATE								
You may elect to use  M/C VISA  Cardholder Signature	EXPIRATION	I DATE	AC	COUNT NU	MI	BER		
DEPT. USE ONLY	С							

Unless you receive an exception, you will be approved to be employed in the schools of Maine in a position for which you are otherwise qualified. The local school unit is responsible for determining whether you are otherwise qualified for a job category.

EFC-300-C REV 11/07