

## **Checklist – Renewing all Indiana Educator Licenses**

- ❑ Complete the entire Application for Indiana Teaching, Administration, or School Services License, [State Form 9331](#).
- ❑ Answer questions 1-3 under License and Criminal History. Sign your name verifying that information and application are accurate.
- ❑ Attach a \$35.00 cashier's check or money order (made payable to the State of Indiana) to the application
- ❑ Attach the original [limited criminal history report](#) after the Indiana State Police sends the report to you. (Effective July 1, 1997; all applicants for licensure must submit limited criminal history reports with their teacher license applications.) The report is valid for one year.
- ❑ Attach the original Indiana license being renewed or complete and attach the Proof of License form, [State Form 47871](#), if you have lost or destroyed your license.

## **Rules 46-47; Bulletin 400; Bulletin 192**

- ❑ Submit all materials to the licensing advisor at the Indiana institution, where you completed the six (6) semester hours of renewal coursework. If the renewal coursework was completed at more than one institution, it is only necessary for one institution to verify completion of coursework. **Your licensing advisor will submit your renewal.**
- ❑ Submit all materials and official out-of-state transcripts of six (6) semester hours earned within the last five (5) years directly to the Division of Professional Standards for renewal of your license.
- ❑ Submit all materials and Continuing Renewal Unit (CRU) certificates showing you have completed 90 CRUs\* within the preceding five (5) years directly to Division of Professional Standards.
- ❑ Submit all materials and Continuing Renewal Unit (CRU) certificates to the licensing advisor at the institution where you completed your renewal coursework, if you are renewing on the basis of semester hours and CRUs\*.
- ❑ Submit all materials and a copy of your [Professional Growth Plan](#) (PGP) approval letter directly to the Division of Professional Standards for renewal. This option is available for all licensure Rules. NOTE: Once the PGP is used; you must renew this license using PGP hereafter, regardless of licensure rule.

\*You must have earned a Master degree or 36 graduate semester hours to renew with Continuing Renewal Unit (CRU). Fifteen CRUs are equivalent to one semester hour. At least fifteen CRUs must be earned to be used for licensure renewal.

## **Rules 2002**

- ❑ Proficient Practitioner license holders must submit [Professional Growth Plan](#) (PGP) directly to the Division of Professional Standards for renewal approval 120 days prior to the expiration date. After you receive approval letter, submit all materials and a copy of your approval letter for renewal.
- ❑ Initial Practitioner license holders must submit all materials and a cover letter stating they have not completed their Indiana Mentoring and Assessment Program (IMAP).

Mail the completed forms to:  
Indiana Department of Education  
Division of Professional Standards  
Room 229, State House  
Indianapolis, IN 46204-2798



# APPLICATION FOR INDIANA TEACHING, ADMINISTRATION, OR SCHOOL SERVICES LICENSE

State Form 9331 (R10 / 8-05)  
Approved by State Board of Accounts, 2005

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

Indiana Department of Education  
Division of Professional Standards  
Room 229, State House  
Indianapolis, IN 46204-2798  
Toll Free: 1-866-542-3672  
Fax: (317) 232-9023  
www.doe.state.in.us/dps

## ACCOUNTING CONTROL

Transaction number
Transaction number
Date received (month, day, year)

**INSTRUCTIONS:** Attach money order or cashier's check for \$35.00 payable to the State of Indiana. Do not send cash or personal checks. All Fees are non-refundable. Submit this application with a Limited Criminal History report.

### SECTION A (Please TYPE or PRINT clearly)

Print your name as your wish it to appear on your license

Name (last, first, middle)		Previous / maiden name
Social Security number	This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.	Date of birth (month, day, year)
Address	e-mail address	Telephone number (     )
City	State	ZIP code

### SECTION B - ACTION REQUESTED

Check one of the following:

Teaching                       Administration                       School Services                       Occupational Specialist

Check one of the following:

Original                       Addition                       Renewal                       Conversion to Professional

List subject and/or endorsement areas

### SECTION C - EDUCATIONAL BACKGROUND

COLLEGES / UNIVERSITIES ATTENDED	DEGREE OR COURSEWORK	DATE OF GRADUATION OR ATTENDANCE	STATE

### SECTION D - LICENSE HISTORY

Last Indiana educator license held (if any)	Number of license	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 Division of Professional Standards. <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when? (month, day, year)

### SECTION E - CRIMINAL HISTORY AND LOYALTY AFFIDAVIT

(Applicants must answer questions 1, 2, & 3. Failure to do so will result in the return of the application.)

- Have you ever had a credential, certificate, or license to teach denied, revoked or suspended in Indiana or in any other state?  Yes  No
- Have you ever been convicted of a felony?  Yes  No
- Have you been convicted of a misdemeanor other than minor traffic violations since January 15, 1994?  Yes  No

If the answer is Yes to question 1, 2, or 3, attach a written explanation and provide the court records.

I certify that the information and documentation contained in my application required for licensing in Indiana are true and accurate to the best of my knowledge and belief.

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

Signature of applicant	Date signed (month, day, year)
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