MAINE DEPARTMENT OF EDUCATION

Application for Educational Technician Authorization

1. NAME (First, MI, Last, and optional suffix such as Jr., III)	2. Social Security Number - -	3. Other name(s) under which Your records are filed	DATE

4. Mailing Address	5. EMAIL Address	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 O4333-0023

EDUCATIONAL ACHIEVEMENT

High School Diploma or GED _____ Yes _____ No

Years of College _____ or number of credits _____

Please include official transcripts for coursework taken.

THE FOLLOWING QUESTIONS MUST BE ANSWERED AND THE BOX CHECKED:

1. Have you ever had any professional certificate or license revoked or suspended or voluntarily surrendered it? YES_____ NO_____
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license? YES_____ NO_____
3. Have you ever been convicted of any misdemeanor or felony offense no matter the age? (this would include OUI's) YES_____ NO_____
4. Have you ever been substantiated by any states health and human services department for child abuse, either sexual or physical? YES_____ NO_____
5. Are you required to register as a sex offender in any state? YES_____ NO_____
6. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in this state or another state or country? YES_____ NO_____
7. Have you ever been investigated by an employer for inappropriate conduct or left a position while an investigation was pending, or to stop an investigation from moving forward? YES_____ NO_____

If the answer is yes to any of the above, please attach a detailed explanation.

☐ I understand that this application contains no misrepresentations or falsehoods. I understand that misrepresentations or falsehoods may be cause for denial or revocation of my educational credential. I understand that I must notify the Commissioner of the Maine Department of Education in writing within 30 days if in the future the answers to any of these questions change.

I authorize the Dept. of Education to charge the applicable fees for this application:

M/C ___ VISA ___ EXPIRATION DATE _____ CREDIT CARD NUMBER _____

I hereby declare or affirm under penalty in the law for unsworn falsification that this application, and any supporting documentation provided in support of this application, contains no willful misrepresentations or falsifications and that the information given by me is true, accurate, and complete to the best of my knowledge and belief, and so far as based on information and belief, I believe the information to be true. I understand that my answers may be verified and that I may be declared ineligible for certification and subject to civil or criminal penalties if there are any misrepresentations.

SIGNATURE OF APPLICANT _____ **DATE** _____