

# APPLICATION FOR CONVERSION OF A STANDARD TO A MASTER EDUCATOR LICENSE

Board of Educational Examiners  
Use Only

**(Note: You may not convert your license earlier than one year from its expiration date.)**

Mail to:  
**Board of Educational Examiners, Licensure**  
Grimes State Office Building  
400 E. 14<sup>th</sup> St.  
Des Moines, IA 50319-0147

revised 7/15

I have included the requirements below:

- \_\_\_\_\_ \$86 licensure and background fees (payable to the Board of Educational Examiners – check or money order only)
- \_\_\_\_\_ Application form, **including experience verification – at least 5 years** signed by an administrator. See page 2.
- \_\_\_\_\_ Official transcripts showing the completion of a Master's Degree in an education field or endorsement area.  
*The transcripts should be issued to you and included with this application.*
- \_\_\_\_\_ \*Official transcripts showing six renewal or college credits. CEU credits are not accepted.  
*\*(only required if you do not have at least six Master's Degree credits that are less than five years old).*
- \_\_\_\_\_ Photocopy of the certificate of completion for the mandatory reporter of child and dependent adult abuse training.  
*This certificate needs to be less than five years old.*

**LATE RENEWAL FEE.** An additional fee of \$25 per calendar month, not to exceed \$150, shall be imposed if an application is submitted after the license expiration date. The board will waive the late fee for the following: (a) not currently practicing as an educator in Iowa, (b) obtaining a Substitute License.

**All fees are NONREFUNDABLE. Incomplete applications will be voided after 45 days.** Please allow four weeks for processing.

Applicant's Folder #	Social Security #	Date of Birth Month    Day    Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name <small><i>Name changes require official documentation</i></small>	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone (    )	Daytime Phone (    )	Email Address	

(CONTINUED ON PAGE 2)

**Background Information:**

Attach a written explanation on 8 1/2" x 11" paper for any "Yes" response to questions "a" to "e." 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?  
(NOTE: Include all deferred judgments.)
- c. Yes  No  Do you currently have any criminal charges pending against you?
- d. Yes  No  PR  Have you ever had a founded report of abuse made against you?
- e. Yes  No  PR  Have you ever had an educational license denied, revoked, or suspended?
- f. Yes  No  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

Experience verification form: To be completed by your school administrator. In Iowa, administrator must hold a valid evaluator license or endorsement.

I hereby verify that the applicant has served successfully as a teacher in this school district between the following dates:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
School District/AEA

\_\_\_\_\_  
City

\_\_\_\_\_  
State

List specific subjects taught: \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name of Administrator

\_\_\_\_\_  
Folder # of the Administrator OR Social Security Number

If the teaching experience has been completed in more than one school district, each school district must verify the number of days taught and grade level. Use a letter from a school administrator on official school letterhead for additional verification.