

# Application for Licensure (Conversion from Exchange to Full Licensure - Teachers Only)

For Office Use Only:

  
  
  
  
  
  
  

Form revised 7/15

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

I have included:

\_\_\_\_\_ \$86 licensure and background fees (payable to the Board of Educational Examiners – check or money order only)

\_\_\_\_\_ official transcripts showing all coursework required to remove the deficiencies from your Iowa license.  
Transcripts should be issued to you and submitted with this application.

\_\_\_\_\_ verification of teaching experience acquired during the term of the Exchange License (see attached form).

**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  <i>Name changes require a photocopy of official legal documentation.</i>	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Evening Phone  (    )	Daytime Phone  (    )	Email Address	

**STATEMENT OF FRAUD;** Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

- 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?
- 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?

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. 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.

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

# Exchange License Experience Verification

I submitted out-of-state experience in my original application. yes no

If yes, number of years \_\_\_\_\_

Please convert this license to:

- Initial Teaching License:** the teacher has less than two years of experience in an Iowa public school or less than three years in a combination of out-of-state, public, and private schools.
- Standard Teaching License (Iowa public school experience):** the teacher has completed a mentoring and induction program, has at least two full years of public school teaching experience in Iowa (or at least three years total experience including out-of-state experience), meets or exceeds all Iowa Teaching Standards, and is recommended for a Standard License.
- Standard License (Iowa non-public school experience):** the teacher has completed three years in any combination of out-of-state or private school instruction.
- Master Educator:** the teacher has completed five years of experience (or more, including out-of-state experience) and has a Master's degree in a recognized endorsement area or in curriculum/instruction.
- Non-Traditional Exchange license conversion:** the teacher holds a non-traditional exchange license, and in addition to meeting one of the conversion requirements checked above, has met the Iowa Teaching Standards.

## Iowa Teaching Experience

From (month) \_\_\_\_\_ 20\_\_\_\_ Until (month) \_\_\_\_\_ 20\_\_\_\_

*(If teaching experience is completed in more than one school district, each additional school district must verify experience in that district. The district's administrator should use official school letterhead to document the dates of contracted teaching experience in that district.)*

\_\_\_\_\_  
Evaluators Signature # \_\_\_\_\_  
Folder Number Date

- Teacher fails to meet the Iowa Teaching Standards. (Superintendent's signature required ONLY if this teacher is not recommended for licensure). It is the responsibility of the superintendent to report to the Board of Educational Examiners the teacher's failure to meet the Iowa Teaching Standards.

\_\_\_\_\_  
Superintendent's Signature # \_\_\_\_\_  
Folder Number District

**NOTE:** Photocopies or copies by fax of any application form or experience verification form will not be accepted. Original signatures are needed.

**NOTE TO ADMINISTRATOR:** If in your judgment you are convinced that the applicant above should not be given licensure, at least until further investigation is made, do not sign this form and please write a CONFIDENTIAL LETTER to the above address stating your reasons.