## **APPLICATION FOR INDIANA EDUCATOR LICENSE** State Form 9331 (R14 / 7-09) Approved by State Board of Accounts, 2009

## INDIANA DEPARTMENT OF EDUCATION OFFICE OF EDUCATOR LICENSING AND DEVELOPMENT

151 West Ohio Street Indianapolis, IN 46204 Toll Free: 1-866-542-3672 www.doe.in.gov/educatorlicensing

ACCOUNTING CONTROL
Receipt number
Date of receipt (month, day, year)
Transaction number

The information in this document is confidential according to IC 5-14-3-4(a)(12).

\* This agency is requesting disclosure of your Social Security Number in accordance with 42 USC 666(a)13. Disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS:

- Please TYPE or PRINT clearly.
   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.

SECTION A - ACTION REQUESTED					
Check one of the following:					
☐ Original ☐ Add	lition	Renewal	☐ Conversion to 10-year		
Check one of the following:		_			
☐ Teaching ☐ Administration		☐ School Services			
List subject and/or endorsement areas					
SECTION B - APPLICANT INFORMATION					
Please print your name as you wish it to appear on your license.					
Name of applicant (last, first, middle)			Previous / maiden name		
Social Security number * Date of birth (n		oonth, day, year)	Telephone number	Telephone number	
Address (number and street)			E-mail address		
City	State		ZIP code		
	050	TION O LIGHNOS HIGTORY			
Last Indiana educator license held (if any)	License numbe	TION C - LICENSE HISTORY	Date of issue (month, day, year)		
Zaot maiana saasato: noonoo nota (n any)		•	Date of locae (memily day, year)		
Last name in which license was issued	I				
If you are a graduate of a teacher preparation program at an out-of-state institution, have your credentials been evaluated by the Office of Educator Licensing and Development?			If yes, when? (month, day, year)		
· I res I NO					
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	SECTION D	) - EDUCATIONAL BACKGROU	ND DATE OF GRADUATION OR	CTATE	
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