HTSB FORM HA3009
Updated 10/15/26
Hawai'i Teacher Standards Board
650 Iwilei Road Suite 268
Honolulu, HI 96817
Phone: 808-754-5580
Fax: 808-586-2606
Email: htsb@hawaii.gov

Hawai'i Teacher Standards Board Approved Program Institutional Recommendation Form

Hawai'i Teaching, School Counseling, and/or School Librarian

The HA 3009 form is required for individuals who completed a Hawai'i Teacher Standards Board (HTSB) State Approved Teacher Education Program (SATEP) that does not provide direct program recommendations to the HTSB Licensing Management System, or for individuals who completed a HTSB SATEP, but the records did not transfer to the HTSB.

DIRECTIONS

Log in to your HTSB account at https://www.hawaiiteacherstandardsboard.org/

A. Complete an application to convert your Student Teacher or Emergency Hire Permit to a Provisional License. If your permit has expired, start and complete a new Provisional License application.
B. Request a copy of your official transcripts from your HTSB SATEP to be sent to htsb@hawaii.gov.
C. Upload copies of your Praxis Score Report/s to the documents tab in your HTSB account. (If you were not required to take Praxis exams, skip this step.)
D. Sign and date Section 1 before sending the form to the HTSB SATEP Administrator to complete Section 2 and Section 3.

The documents referenced above must be received before HTSB staff can determine your eligibility for a Hawai'i Teaching, School Counselor, and/or School Librarian license in Hawai'i.

SECTION 1. PERSONAL AND ADDITIONAL INFORMATION

Legal Last Name _____ Legal First Name _____ Middle Initial _____

Other Names Used _____ Birthdate (MM/DD/YY) _____ Last 4 digits of SSN _____

Current Mailing Address _____ City _____ State _____ Zip Code _____

Email Address _____ (Area Code) Phone Number _____

The documents referenced above must be received before staff can determine your eligibility for a Hawai'i Teaching, School Counselor, and/or School Librarian license and employment in Hawai'i.

DISCLAIMER: I hereby authorize the release of the information regarding my professional HTSB state approved teacher education program from which I am making this request. I further verify that the information provided above is accurate and true.

Applicant Signature _____ Date _____

SECTION 2. AUTHORIZED HTSB SATEP ADMINISTRATOR TO COMPLETE THIS SECTION
(HTSB SATEP Administrator use only)

To Authorized HTSB SATEP Administrator: The individual named in Section 1 has applied for a Hawai'i teaching, school counseling, and/or school librarian license. Please provide information on SATEP completion, basic skills, content knowledge, and other licensure requirements.

A. Name of the Institution where the SATEP was completed: _____

Program completion date (month/date/year): _____

B. Applicant Completed a(n):

☐ Traditional SATEP (Skip Item D)

☐ Alternative SATEP (Skip Item C)

☐ Option B (Skip Items C & D, send documentation to HTSB Staff

C. If a **traditional SATEP** and student teaching, practicum, and/or internship was successfully completed, please provide the field(s) and grade level(s) the applicant is qualified to teach:

Student Teaching

From: (MM/DD/YYYY)	To: (MM/DD/YYYY)

School	Field/Subject Area(s)	Grade Level(s)

D. If an **alternative SATEP** and student teaching, practicum, and/or internship was successfully completed, please provide the field(s) and grade level(s) the applicant is qualified to teach:

Student Teaching

From: (MM/DD/YYYY)	To: (MM/DD/YYYY)

School	Field/Subject Area(s)	Grade Level(s)

E. Cooperating/Mentor Teacher Name: _____

F. Applicant's **Basic Skills** requirement was verified by the following:

☐ Bachelor's Degree ☐ EPP Enrollment ☐ Basic Skills Licensure Test ☐ ACT/SAT

G. Applicant's **Content Knowledge** requirement was verified by the following:

☐ Coursework ☐ Licensure Test ☐ Elementary Coursework and Licensure Test
☐ Content Major ☐ Master/Doctoral Degree ☐ National Board Certification

H. Does this applicant hold a bachelor's degree? ☐ Yes ☐ No

I. Did the applicant meet the Model Code of Ethics for Educators? ☐ Yes ☐ No

J. If the applicant completed a Program for Special Education (SPED), indicate the category and grade level:

☐ N/A
☐ SpEd: Deaf/Hard of Hearing
☐ Special Education
☐ SpEd: Mild/Moderate
☐ SpEd: Orientation and Mobility
☐ SpEd: Orthopedically Impairments
☐ SpEd: Severe Disabilities/Autism
☐ SpEd: Severe Disabilities/Profound
☐ SpEd: Visually Impaired

Grade Level/s: _____

SECTION 3. VERIFICATION AND AFFIRMATION FROM HTSB SATEP ADMINISTRATOR
(HTSB SATEP Administrator use only)

I hereby verify that the information provided above is accurate and true, and that the above-named applicant has satisfactorily completed a HTSB State Approved Teacher Education Program in the area(s) checked above.

Please sign below.

Signature of HTSB SATEP Administrator	Print or Type Full Name (First, MI, Last)	Date

Job Title of HTSB SATEP Administrator	Name of Institution

Mailing Address	City	State	Zip Code

Email Address	(Area Code) Phone Number

Please send this completed form by email to htsb@hawaii.gov or by USPS mail to:
Hawai‘i Teacher Standards Board
650 Iwilei Road Suite 268
Honolulu, HI 96817

Affix School Seal