

*Virginia Department of Education  
Division of Teacher Education and Licensure  
P. O. Box 2120  
Richmond, Virginia 23218-2120*

## APPLICATION FOR AN INITIAL VIRGINIA LICENSE

**(Application for a teaching license, collegiate professional license, postgraduate professional license, or pupil personnel services license)**

Thank you for your interest in obtaining a Virginia license. Please follow the application instructions and return all completed information in a **single packet**. If you are employed in a Virginia educational agency, please submit your completed application packet directly to the appropriate individual in your school division or nonpublic school.

If an incomplete packet is submitted or a license cannot be issued, your application will be retained for only one year. After that time, a new application packet must be submitted. An updated application is required for a license to be issued.

### CRITERIA FOR SUBMITTING AN APPLICATION FOR AN INITIAL LICENSE

Please reference the *Licensure Regulations for School Personnel* on the Virginia Department of Education's website for all requirements for a license.  
<http://law.lis.virginia.gov/admincode/title8/agency20/chapter22/>

You may submit an application for an **initial** Virginia license if you meet the criteria in at least one of the following:

- Have completed a state-approved preparation program, including student teaching or at the graduate level, a clinical practicum or internship. (If you have completed a Virginia approved program and are not employed by a Virginia school division or nonpublic school, request that your application be submitted by the college or university or the career switcher program provider.)
- Hold a current, valid license from another state with no deficiencies with comparable endorsement(s) to those offered in Virginia.
- Are employed full-time as an educator under contract by a Virginia school division. (Please submit your application directly to the Virginia employing school division.)
- Are military personnel or veterans applying for a Virginia license.

### IMPORTANT NOTICE

**The submission of an application for a Virginia license or request for license renewal may result in the denial of a license for any reason listed in the *Licensure Regulations for School Personnel*, 8 VAC20-22-720. The denial of a license is an adverse licensure action that is reported to division superintendents in Virginia and to chief state school officers of the other states and territories of the United States and could affect the status of any license or certificate that the applicant holds in another state and/or the status of any application for a license or certificate that the applicant has submitted or may submit in another state. An individual will not be denied a license without being given the opportunity for a hearing as specified in the licensure regulations 8 VAC20-22-740c.**

## INSTRUCTIONS FOR APPLYING FOR AN INITIAL VIRGINIA LICENSE FOR TEACHERS, ADMINISTRATORS AND SUPERVISORS, AND PUPIL PERSONNEL SERVICES PERSONNEL

Please follow the instructions to assemble your application packet. Submit the application, including the forms and documents requested, in **a single packet** to the Virginia Department of Education, Division of Teacher Education and Licensure, P. O. Box 2120, Richmond, Virginia 23218-2120.

### **Step 1: Application Form**

Please respond to all questions on the Application Form. **SIGN AND DATE BOTH PAGES OF THE APPLICATION.** **Original signatures with a current date are required.** **The applicant is responsible for notifying the Division of Teacher Education and Licensure in writing of mailing address changes.**

**NOTICE:** In accordance with § 63.2-1937 of the *Code of Virginia*, the Virginia Department of Education requires applicants for teacher licensure in Virginia to provide their social security numbers. Additionally, Virginia uses applicants' social security numbers to check the clearinghouse maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC) for license revocation, cancellation, suspension, denial, and reinstatement in other states. Virginia also reports information to the clearinghouse as needed. The Virginia Department of Education will not release your social security number except to the NASDTEC clearinghouse to report cases of license revocation, cancellation, suspension, denial, and reinstatement as noted above. Please note that if you do not provide your social security number, your application will not be processed and no Virginia teaching license will be issued.

**NOTICE:** The name and address of a person applying for or possessing a license may be disseminated pursuant to a request under Section 2.2-3802(5) of the *Code of Virginia*.

If you responded affirmatively to any of the questions in **Part II** of the application, a letter of explanation and requested documentation must be submitted.

### **Step 2: Nonrefundable Application Fee**

The in-state fee is \$50, and the out-of-state fee is \$75. Attach a certified check, cashier's check, money order, or personal check made payable to the *Treasurer of Virginia*. Note: The fee is determined by the address on your application. A \$50 processing fee is assessed for a check returned for any reason. Returned checks are subject to collection action.

### **Step 3: College Verification Form**

If you have completed undergraduate and/or graduate state-approved preparation programs, the College Verification Form must be completed by the certification/licensure officer of the college or university where you completed each program. The student teaching/practicum/internship verification (Part III) must be completed for each student teaching/practicum/internship experience. If you hold an active, full, and renewable license without deficiencies from another state and are seeking only endorsement(s) on that license comparable to endorsements in Virginia, this form is not required.

### **Step 4: Report on Experience**

This form must be completed by the appropriate official(s) at a public school division or accredited nonpublic school if you have completed at least one year of full-time contractual teaching or other school professional experience at a public or accredited nonpublic school.

### **Step 5: Professional Teacher's Assessment Scores**

Include a copy of your scores for the Virginia licensure assessments taken and passed. Electronic scores sent to the Department from the testing companies are not always transferred; therefore, include copies of scores. Please refer to the following Web site for testing information:

[http://www.doe.virginia.gov/teaching/licensure/prof\\_teacher\\_assessment.pdf](http://www.doe.virginia.gov/teaching/licensure/prof_teacher_assessment.pdf). Individuals who hold a valid out-of-state license (full credential without deficiencies) and who have completed a minimum of three years of full-time, successful teaching experience in a public or accredited nonpublic school (kindergarten through grade 12) in a state other than Virginia may be exempted from the professional teacher's assessment requirements.

### **Step 6: Official Student Transcripts**

Include official transcripts from all colleges and universities attended. Contact the registrar's office of each college or university where you have earned a degree or completed coursework. **Request official student transcripts to be sent to you, and submit the transcripts with your application packet.** Official student transcripts (bearing the registrar's signature and embossed seal) that have been issued to students **are** acceptable. {Do not have transcripts sent separately to this office.}

Some institutions contract with other companies to issue official transcripts. The transcripts may be accepted if received in sealed envelopes. Placement records sent from colleges, electronic transcripts, grade reports, photocopies, and student printouts of transcripts will not be accepted or returned. Please do not have transcripts sent directly from the institution to this office.

### **Step 7: Out-of-state License(s)**

Include a **photocopy** of each of your current out-of-state license(s), if applicable.

### **Step 8: Certification of Child Abuse and Neglect Recognition and Intervention Training**

Include a copy of the certificate verifying completion of this statutory requirement. Individuals seeking initial licensure must complete study in child abuse and neglect recognition and intervention in accordance with curriculum guidelines approved by the Board of Education. A training module, available at no cost, is accessible at: <http://www.dss.virginia.gov/abuse/mr.cgi>.

- Individuals must select the "Required Training/Courses" tab under the heading "Child Protective Services."
- Then select the "Child Abuse and Neglect: Recognizing, Reporting, & Responding (for educators) (Web page)."

To print the certificate after completing the training, the computer must be connected to a printer.

### **Step 9: Emergency First Aid, CPR, and AED Training or Certification {See note below regarding hands-on training requirement effective September 1, 2017.}**

Include documentation verifying this statutory requirement has been met. Individuals seeking initial licensure must provide evidence of completion of certification or training in emergency first aid, cardiopulmonary resuscitation (CPR), and the use of automated external defibrillators (AEDs). The certification or training program shall be based on the current national evidence-based emergency cardiovascular care guidelines for cardiopulmonary resuscitation and the use of an automated external defibrillator, such as a program developed by the American Heart Association or the American Red Cross.

The Board of Education provides a waiver for this requirement for any person with a disability that prohibits such person from completing the certification or training. The Request for a Waiver Form is accessible at the following Web site: <http://www.doe.virginia.gov/teaching/licensure/index.shtml>.

**Effective September 1, 2017**, the certification or training in emergency first aid, cardiopulmonary resuscitation, and the use of automated external defibrillators shall include hands-on practice of the skills necessary to perform cardiopulmonary resuscitation.

The following must be included on official documentation submitted to the licensure office by an individual:

- Individual's full name.
- Title or description of training or certification completed that clearly indicates that all three components were included: 1) emergency first aid, 2) CPR, and 3) use of AEDs.
- Date the training or certification was completed.
- Signature and title of the individual providing the training or certification or a printed certificate from the organization or group that provided the training or certification.

For additional information on this requirement, please refer to the question and answer document accessible at the following Web site: [http://www.doe.virginia.gov/administrators/superintendents\\_memos/2013/156-13a.pdf](http://www.doe.virginia.gov/administrators/superintendents_memos/2013/156-13a.pdf).

### **Step 10: Dyslexia Awareness Training**

Include a copy of the certificate verifying completion of this statutory requirement. Individuals seeking initial licensure shall complete awareness training on the indicators of dyslexia, as that term is defined by the board pursuant to regulations, and the evidence-based interventions and accommodations for dyslexia. A module, available at no cost, is accessible at: <http://www.doe.virginia.gov/teaching/licensure/dyslexia-module/story.html>.

To print the certificate after completing the training, the computer must be connected to a printer.

### **Step 11: Technology Standards for Instructional Personnel**

Individuals who graduate from a Virginia approved preparation program have met this statutory requirement as the Technology Standards were incorporated in the program. All other individuals will need to meet this requirement as outlined and verified by the employing Virginia educational agency. Individuals who did not complete a Virginia approved preparation program or who are not employed by a Virginia educational agency may complete a course in instructional technology taken at a regionally accredited college or university to meet this requirement.

### **Step 12: Applicable to Individuals Seeking an Initial License with Endorsement(s) in an Area of Career and Technical Education: Industry Certification Credential (Career and Technical Education Only)**

Individuals applying for a license with a career and technical education endorsement must include documentation verifying the industry credential statutory requirement has been met.

The 2014 General Assembly amended the *Code of Virginia* to require that every teacher seeking initial licensure with an endorsement in the area of career and technical education shall have an industry certification credential in the area in which the teacher seeks endorsement. "Industry certification credential" means a career and technical education credential that is earned by successfully completing a Board of Education-approved industry certification examination, being issued a state professional license, or successfully completing an occupational competency examination. Please note that this requirement is in addition to all other licensure requirements for the endorsement you are seeking. For additional information on this requirement, please refer to the *Industry Credentials for Teachers Seeking an Initial Virginia License with Endorsement(s) in an Area of Career and Technical Education* guidance document accessible at the following Web site:

[http://www.doe.virginia.gov/instruction/career\\_technical/path\\_industry\\_certification/cte\\_credentials/industry\\_credentials\\_for\\_teachers\\_guidance\\_document.pdf](http://www.doe.virginia.gov/instruction/career_technical/path_industry_certification/cte_credentials/industry_credentials_for_teachers_guidance_document.pdf). You also may access the guidance document by referring to [www.doe.virginia.gov](http://www.doe.virginia.gov) and selecting Superintendent's Memos under the "Quick Links" at the top, right-hand side of the page. Superintendent's Memo #150-14 was posted on June 6, 2014.

**Step 13: Applicable to Individuals Seeking an Initial License with an Endorsement as a School Counselor: Training in the Recognition of Mental Health Disorder and Behavioral Distress (School Counselors Only)**

Individuals seeking initial licensure with an endorsement as a school counselor must include verification of training in the recognition of mental health disorder and behavioral distress, including depression, trauma, violence, youth suicide, and substance abuse. Refer to [Superintendent's Memo #173-17](#) for additional information on [training options](#) ([http://doe.virginia.gov/administrators/superintendents\\_memos/2017/173-17a.pdf](http://doe.virginia.gov/administrators/superintendents_memos/2017/173-17a.pdf)) to meet this requirement.

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NONREFUNDABLE APPLICATION FEE (determined by the address below): \$50-in-state; \$75-out-of-state

Make checks payable to Treasurer of Virginia. The application fee is nonrefundable. A \$50 fee is assessed for a returned check.

PART I--INFORMATION

PLEASE PRINT OR TYPE

<u>Social Security Number</u>	<u>Date of Birth</u> (Month/Day/Year)	U.S. Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:	Reserves: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Suffix</u> (Jr., Sr., III, etc.)
<u>Address</u> (Street, City, State, Zip Code) [Please note that the address provided is public information.]*			
<u>Daytime Telephone Number</u> (include area code)	<u>Home Telephone Number</u> (include area code)	<u>Gender</u> (for statistical purposes only) <input type="checkbox"/> Male <input type="checkbox"/> Female	
<u>Race</u> (optional - for statistical purposes only - check one) <input type="checkbox"/> 1. American Indian/Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black (not of Hispanic origin) <input type="checkbox"/> 4. Hispanic <input type="checkbox"/> 5. White (not of Hispanic origin) <input type="checkbox"/> 6. Native Hawaiian/ Pacific Islander <input type="checkbox"/> 7. Non-Hispanic, two or more races			

\*ADDRESS CHANGE - **THE APPLICANT MUST NOTIFY THE OFFICE OF LICENSURE, DEPARTMENT OF EDUCATION, IN WRITING OF AN ADDRESS CHANGE.** Name and address (of persons applying for a license) may be disseminated pursuant to a request under § 2.2-3802(5) of the Code of Virginia.

PART II

<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?</b> (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?</b> (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor) or a student?</b> (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)?</b> (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?</b> (If yes, please attach a letter giving full details and official documentation of the founded complaint.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license or the right to apply for such a license; or had any other adverse action taken against such a license? <u>Please note:</u> This includes a reprimand, warning, or reproof and any order denying the right to apply or reapply for a license.</b> (If yes, please attach a letter giving full details and official documentation of the action taken.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you currently the subject of any review, inquiry, investigation, or appeal of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil personnel services, or other education-related license or certificate? <u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</b> (If yes, please attach a letter giving full details and any official documentation available regarding the matter.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever left any education- or school-related employment, voluntarily or involuntarily, under any of the following circumstances: (1) while the subject of a review, inquiry, investigation, or appeal of alleged misconduct; (2) when you had reason to believe a review, inquiry, investigation or appeal of alleged misconduct was under way or imminent; or (3) while any administrative or judicial proceeding involving an allegation of misconduct was pending, eligible for appeal, or under appeal? <u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</b> (If yes, please attach a letter giving full details and any official documentation available regarding the matter.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant's Signature \_\_\_\_\_  
 ORIGINAL SIGNATURE REQUIRED

Date \_\_\_\_\_

The application is continued on the following page.  
 Pages 1 and 2 each must include the applicant's signature and date. A complete application must be submitted.  
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**PART III--EDUCATION** (Include colleges and universities where coursework was completed and degrees earned.)

Name of Institution	Location	Dates Attended	Degree (if earned)	Major/Major Subjects

**PART IV--EXPERIENCE** (Grades PreK-12 only--full-time, contractual experience only. Do not include substitute, summer school, or aide experience.)

Name of School	Location	Dates of Employment (Month/Year to Month/Year)	Grade(s)/Subject(s) Taught

**PART V--OUT-OF-STATE EDUCATIONAL LICENSE** – This section must be completed, if applicable. (Enclose a photocopy of each license.)

State:	First issue date:	Last expiration date:
State:	First issue date:	Last expiration date:
State:	First issue date:	Last expiration date:

**PART VI--COMPLETE IF YOU HAVE ACCEPTED A POSITION IN VIRGINIA REQUIRING A LICENSE**

Name of Employer	Beginning Date of Employment	Assignment
Address		
City, State, Zip Code		

**BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL, REVOCATION, CANCELLATION, OR SUSPENSION OF THE VIRGINIA LICENSE.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
ORIGINAL SIGNATURE REQUIRED

**Pages 1 and 2 must each include the applicant's signature. A complete application must be submitted.**

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**COLLEGE VERIFICATION FORM**

The purpose of this form is to determine whether an applicant for licensure has completed a state-approved preparation program at the undergraduate or graduate level. In these cases, the form must be completed by the appropriate certification/licensure official of the college/university where the program has been completed. The completed form must be submitted to this office by the applicant along with other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

**PART I**

Social Security Number:		Date of Birth: (Month/Day/Year)	
Last Name	First Name	Middle Name	Suffix (Jr., Sr., III)
Address (Street, City, State, Zip Code)			
Name of Institution	Degree Earned	Date of Degree Conferral	

**PART II: Please check the appropriate response:**

YES     NO    By my signature, I certify that the applicant satisfactorily completed a state-approved preparation program and completed endorsements (teaching areas, administration and supervision, or pupil personnel services) in the following areas:  
**ENDORSEMENTS:** \_\_\_\_\_

**PART III: Student Teaching, Internship, and/or Practicum Experience:**

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Clock Hours: \_\_\_\_\_

A. High School grade (s): \_\_\_\_\_ (Do not include special education experience; use line C.)

B. Elementary grade (s): \_\_\_\_\_ (Do not include special education experience; use line C.)

C. Specific special education area(s)\* and grade level (s) \_\_\_\_\_  
\*Please specify the exact nature of the exceptional child (children) included in the student teaching/practicum experience.

D. Special subject area(s) (e.g., Art, Music, P.E.): \_\_\_\_\_ Grade level (s): \_\_\_\_\_

**PART IV: To be completed by Virginia colleges and universities only:**

If I am signing as a Virginia college or university representative, my signature below certifies that the individual has met the following requirements checked below:

- Child abuse and neglect recognition and intervention training and technology standards for instructional personnel;
- Certification or training in emergency first aid, CPR, and the use of AED;
- Dyslexia training; and
- School counselors training (if applicable).

**Requisite to compliance with the licensure regulations established by the Virginia Board of Education are the following conditions: the applicant must be at least 18 years of age and must possess good moral character. By my signature, I certify on the basis of my information and belief that the applicant possesses good moral character.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_



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**REPORT ON EXPERIENCE**

**DIRECTIONS:** A report verifying experience must be completed by the appropriate public school division or accredited nonpublic school official if the applicant for initial licensure has had a total of at least one year of full-time, contractual teaching experience or held other professional positions in a public school or accredited nonpublic school. The completed form must be submitted to this office by the applicant along with all other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

Last Name	First Name	Middle Name	Suffix (Jr., Sr., III)
Social Security Number: _____ - _____ - _____ or Virginia License # _____			
Address of Applicant (Street or P. O. Address)			
City, State, Zip Code			

NAME OF ACCREDITED SCHOOL (Please report only full-time, contractual teaching experience in a public or accredited nonpublic school. Experience as a substitute teacher or aide should not be listed.)	POSITION HELD	GRADE LEVEL AND SPECIFIC SUBJECT TAUGHT (For special education assignments, please specify population served)	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

Total number of years of full-time teaching experience: \_\_\_\_\_

Total number of years of full-time experience in administration and/or supervision: \_\_\_\_\_

Total number of years of full-time experience in a pupil personnel services area (school counselor, psychologist, social worker, vocational evaluator): \_\_\_\_\_

**By my signature, I verify that the above-named person was successfully employed full-time, under contract in the public schools or accredited nonpublic school(s) and for the period(s) listed above.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SCHOOL DIVISION/  
EDUCATIONAL AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_