***Virginia Department of Education***

***Department of Teacher Education and Licensure***

***PO Box 2120***

***Richmond, Virginia 23218-2120***

# APPLICATION FOR A ONE-YEAR LOCAL ELIGIBILITY LICENSE

Instructions updated July 1, 2024.

**(Application for a one-year local eligibility 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**. "Local eligibility license" means a nonrenewable license issued in accordance with subsection M §§ 22.1-298.1, not to exceed one year, to an individual who needs to take additional coursework but otherwise meets certain conditions for licensure set forth in the Board's regulations and subsection M, and who may be employed by a school division in the Commonwealth with the intention of such individual, upon satisfaction of the applicable requirements set forth in Board regulations, receiving full licensure with a renewable license. You must be employed in a Virginia educational agency. Please submit your completed application packet directly to the appropriate individual in your Virginia school division.

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

**A Provisional license can be requested after the expiration of the one-year local eligibility license and may only be issued at the request of the Virginia employing school division.**

## CRITERIA FOR SUBMITTING AN APPLICATION FOR A ONE-YEAR LOCAL ELIGIBILITY LICENSE

Please refer to the [*Licensure Regulations for School Personnel*](https://law.lis.virginia.gov/admincode/title8/agency20/chapter23/) on the

Virginia Department of Education’s website for all requirements for a license.

You may submit an application for a **one-year local eligibility** license if you meet the criteria in all of the following:

* received a baccalaureate degree from a regionally accredited institution of higher education.
* have experience or training in a subject or content area as the local school board and division superintendent may deem appropriate for the applicable teaching position or endorsement area.
* employed full-time as an educator under contract by a Virginia school division. (Please submit your application directly to the Virginia employing school division.)

Any individual who is issued a local eligibility license pursuant to this subsection shall be required to complete within such one-year period the requirements set forth in subsection C and subdivisions D 1, 3, 6, 8, and 9 as well as any additional training requirements that may be prescribed by the school board and division superintendent.

**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 VAC20-23-750. 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 VAC20-23-780c.

INSTRUCTIONS FOR APPLYING FOR A ONE-YEAR LOCAL ELIGIBILITY LICENSE

Please follow the instructions to assemble your application packet. Submit the application, including the forms and documents requested, in a single packet to the Office of Licensure, Virginia Department of Education,

PO Box 2120, Richmond, Virginia 23218-2120.

## Step 1: Application Form

Please respond to all questions on the application form. SIGN AND DATE THE APPLICATION. Original signatures with a current date are required. The applicant is responsible for notifying, the Office of 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.

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***PO Box 2120 · Richmond, VA 23218-2120***

# APPLICATION FOR A ONE-YEAR LOCAL ELIGIBILITY LICENSE

##  PART I: INFORMATION PLEASE PRINT OR TYPE

| Social Security Number   -  -     | Date of Birth (Month/Day/Year)      | Military Veteran Branch:       Military Reserves Branch:       | U.S. Military Spouse:[ ]  Yes [ ]  No |
| --- | --- | --- | --- |
| Last Name       | First Name       | Middle Name       | Suffix      |
| Address (Street, City, State, Zip Code) [Please note that the address provided is public information.]      |
| Preferred Telephone Number (include area code)(   )     -      | Email Address      | Gender (for statistical purposes only)[ ]  Male [ ]  Female [ ]  Non-binary |

## PART II: BACKGROUND QUESTIONS:

| **Background Questions** | **Yes** | **No** |
| --- | --- | --- |
| **Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?** (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.) | [ ] **Yes** | [ ]  **No** |
| **Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?** (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.) | [ ]  **Yes** | [ ]  **No** |
| **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?** (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.) | [ ]  **Yes** | [ ]  **No** |
| **Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (excluding offenses related to alcohol or possession of one ounce or less of marijuana)?** (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.) | [ ]  **Yes** | [ ]  **No** |
| **Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?** (If yes, please attach a letter giving full details and official documentation of the founded complaint.) | [ ]  **Yes** | [ ]  **No** |
| **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? Please note: This includes a reprimand, warning, or reproval and any order denying the right to apply or reapply for a license.**  (If yes, please attach a letter giving full details and official documentation of the action taken.) | [ ]  **Yes** | [ ]  **No** |
| **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? Please note: This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.** (If yes, please attach a letter giving full details and any official documentation available regarding the matter.) | [ ]  **Yes** | [ ]  **No** |
| **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? Please note: This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.** (If yes, please attach a letter giving full details and any official documentation available regarding the matter.) | [ ]  **Yes** | [ ]  **No** |

**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 MONTH/DAY/YEAR