

**APPLICATION FOR THE CAREER SWITCHER ALTERNATIVE
ROUTE TO LICENSURE PROGRAM**
[PLEASE PRINT, TYPE OR FILL IN INFORMATION BY PRESSING THE TAB KEY]

PART I

Please specify the name and location of the Certified Program Provider requested:
Please specify teaching area(s) requested (special education is not applicable) :
Please attach your passing scores for Praxis I and Praxis II.

PART II--INFORMATION

| | | | |
|---|---|---|------------------------------|
| Social Security Number: | | Date of Birth : (Month/Day/Year) / / | |
| Last Name | First Name | Middle Name | Suffix (Jr., Sr., III, etc.) |
| Address (Street, City, State, Zip Code) | | Email: | |
| Daytime Telephone Number (include area code) () | Home Telephone Number (include area code): () | Gender--Optional for statistical purposes only only <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race--Optional for statistical purposes only (check one) <input type="checkbox"/> 1. American Indian/Alaskan Native <input type="checkbox"/> 2. Asian or Pacific Islander <input type="checkbox"/> 3. Black (not of Hispanic Origin) <input type="checkbox"/> 4. Hispanic <input type="checkbox"/> 5. White (Not of Hispanic Origin) | | | |

PART III

Have you ever been convicted of a felony or found guilty of a criminal offense in the United States or another country? Yes No
If yes, attach a letter of explanation and a copy of court documents indicating judgment and disposition of the case from the court of conviction.

Have you ever been convicted of a misdemeanor involving children or drugs? Yes No
If yes, attach a letter of explanation and a copy of court documents indicating judgment and disposition of the case from the court of conviction.

Have you ever had action against a teaching certificate or license? Yes No
If yes, please attach an explanation of the incident and official documentation of the action taken.

PART IV--EDUCATION (including all course work and degrees. BA/BS, MA/MS, Ed.D/Ph.D)

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

PART V--WORK EXPERIENCE (List chronologically, beginning with the most recent and attach an additional sheet if necessary)

| Employer | Address City/State | Type of Work | Dates of Employment (Month/Year to Month/Year) | Reason for Leaving |
|----------|-----------------------|--------------|--|--------------------|
| | | | | |
| | | | | |

PART VI--EXPERIENCE (Teaching experience, including experiences in the military, if applicable)

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

PART VII--MILITARY INFORMATION, IF APPLICABLE

| | | |
|-------------------------|---------------|----------------|
| Military Branch Served: | Years Served: | Military Rank: |
|-------------------------|---------------|----------------|

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

| | | |
|-------------------|-------------------------------|-------------|
| Name of Employer: | Beginning Date of Employment: | Assignment: |
|-------------------|-------------------------------|-------------|

BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL/REVOCAION OF A VIRGINIA LICENSE.

Date _____ Applicant's Signature _____