Virginia Department of Education

*Revised September 2023*

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

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

#  APPLICATION FOR A VIRGINIA LICENSE (Page 1 of 2)

##  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 |
| Please answer both of the following questions: | Are you Hispanic or Latino? (choose only one) [ ]  No, not Hispanic or Latino [ ]  Yes, Hispanic or Latino  |
| What is your race? (choose one or more)[ ]  1. American Indian/Alaskan Native [ ]  2. Asian [ ]  3. Black or African American [ ]  4. Native Hawaiian or other Pacific Islander [ ]  5. White  |

## 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

**The application is continued on the following page. Pages 1 and 2 must include the applicant’s signature and date on each page.**

 **(Application Page 1 of 2)**

**APPLICATION FOR A VIRGINIA LICENSE (page 2 of 2)**

*Revised September 2023*

## PART III: EDUCATION (Include colleges and universities where coursework was completed and degrees earned.)

| Name of Institution | Location | Dates Attended(Month/Year to Month/Year) | 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 Division or Accredited Nonpublic School  | Location | Dates of Employment(Month/Year to Month/Year) | Grade(s)/Subject(s) Taught |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

## PART V: OUT-OF-STATE EDUCATIONAL LICENSE, IF APPLICABLE – (Enclose a photocopy of each license.)

| State:       | First issue date: (Month/Day/Year)       | Last expiration date: (Month/Day/Year)       |
| --- | --- | --- |
| State:      | First issue date: (Month/Day/Year)        | Last expiration date: (Month/Day/Year)      |
| State:      | First issue date: (Month/Day/Year)        | Last expiration date: (Month/Day/Year)      |

## PART VI: COMPLETE IF YOU HAVE ACCEPTED A POSITION IN VIRGINIA REQUIRING A LICENSE

|  |  |  |
| --- | --- | --- |
| Name of Employer        | Beginning Date of Employment (Month/Day/Year)      | 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 MONTH/DAY/YEAR

 Pages 1 and 2 must include the applicant’s signature and date on each page. A complete application must be submitted.

 **(Application Page 2 of 2)**

 ***Virginia Department of Education***

*Revised July 1, 2023*

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

***PO Box 2120***

***Richmond, VA 23218-2120***

# 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       |
| Address (Street, City, State, Zip Code)      |
| Name of Institution      | Degree Earned      | Date of Degree Conferral (Month/Day/Year)       |

**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, administration and supervision or pupil

 personnel services) in the following areas:

 **Endorsements:**

**PART III: Student Teaching, Internship, and/or Practicum Experience (Use line D for Special Education Experience):**

Course Title:

Course Number:       Clock Hours:

A. High School grade (s):

B. Elementary grade (s):

C. Special subject area(s) & Grade level: Subject (e.g., Visual Art, Health and P.E.):

 Grade level (s):

D. Special education specific area(s)\* and grade level (s)

 \*Please specify the exact nature of the exceptional child (children) included in the student teaching/practicum experience.

**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;

[ ]  Certification or training in emergency first aid, CPR, and the use of AED;

[ ]  Dyslexia training;

[ ]  Behavior Intervention and Support training;

[ ]  Cultural Competency training;

[ ]  African American History training (if applicable); 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:** Roberto Pamas | **PHONE NUMBER: (**703)993-2033 |
| **TITLE:** Director- Office of Teacher Preparation | **INSTITUTION:** George Mason University |
| **STREET ADDRESS** **(STREET, CITY, STATE, ZIP):** 4400 University Drive, Fairfax, VA 22030 |
| **EMAIL ADDRESS:** rpamas@gmu.edu |