

Complete Part I and send to your college official if you completed an approved licensure program.
The college official will complete Part II, III, IV and sign.
The college may return the completed form to you electronically.

August 17, 2018

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

FOR OFFICE USE ONLY

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 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) & Grade level: Subject (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;
- Certification or training in emergency first aid, CPR including hands-on practice, 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: _____

NAME: _____

TITLE: _____

STREET ADDRESS: _____

PHONE NUMBER: () - _____

DATE (Month/Day/Year): _____

EMAIL ADDRESS: _____

INSTITUTION: _____

CITY, STATE, ZIP: _____