

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

**NONREFUNDABLE APPLICATION FEE** (determined by the address provided below): **\$100 in-state fee; \$150 out-of-state fee**  
*Make checks payable to Treasurer of Virginia. A \$50 fee is assessed for a returned check. Please include printed receipt if paid online.*

**PART I: INFORMATION**

**PLEASE PRINT OR TYPE**

|  |   |  |   |
|--|---|--|---|
| <u>Social Security Number</u><br>- -   | <u>Date of Birth</u> (Month/Day/Year)   | Military Veteran Branch:<br>Military Reserves Branch:  | U.S. Military Spouse:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Last Name</u>   | <u>First Name</u>   | <u>Middle Name</u>   | <u>Suffix</u>   |
| <u>Address</u> (Street, City, State, Zip Code) [Please note that the address provided is public information.]* |   |  |   |
| <u>Preferred Telephone Number</u><br>(include area code)<br>( ) -  | <u>Email Address</u>  | <u>Gender</u> (for statistical purposes only)<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary |   |
| Please answer both of the following questions:   | Are you Hispanic or Latino? (choose only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino  |  |   |
|  | What is your race? (choose one or more) <input type="checkbox"/> 1. American Indian/Alaskan Native <input type="checkbox"/> 2. Asian<br><input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Native Hawaiian or other Pacific Islander <input type="checkbox"/> 5. White |  |   |

\***ADDRESS CHANGE** – The applicant must notify, in writing, the Office of Licensure, Department of Education, 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: BACKGROUND QUESTIONS:**

| Background Questions   | Yes                          | No                          |
|--|------------------------------|-----------------------------|
| <b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?</b><br>(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><br>(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 (excluding offenses related to alcohol or possession of one ounce or less of marijuana)?</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><br>(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 |

**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.**

|                               |              |
|-------------------------------|--------------|
| <b>Applicant's Signature:</b> | <b>Date:</b> |
|-------------------------------|--------------|

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.

A complete application must be submitted.

(Application Page 1 of 2)

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

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

| Name of Institution | Location | Dates Attended<br>(Month/Year to<br>Month/Year) | Degree<br>(if<br>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<br>Nonpublic School | Location | Dates of Employment<br>(Month/Year to<br>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) |
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**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 |   |            |

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