

APPLICATION FOR A VIRGINIA LICENSE

Instructions updated September 1, 2023.

(Application for a teaching license, Collegiate Professional License, Postgraduate Professional License, or Pupil Personnel Services 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**. If you are employed in a Virginia educational agency, please submit your completed application packet directly to the appropriate individual in your Virginia school division or Virginia accredited nonpublic school.

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 only may be issued at the request of the Virginia employing school division or the Virginia accredited nonpublic school.

CRITERIA FOR SUBMITTING AN APPLICATION FOR AN INITIAL LICENSE

Please refer to the [Licensure Regulations for School Personnel](#) on the Virginia Department of Education's website for all requirements for a license.

You may submit an application for an **initial** Virginia license if you meet the criteria in at least one of the following:

- Have completed a state-approved preparation program, including student teaching or at the graduate level, a clinical practicum or internship. (If you have completed a Virginia approved program and are not employed by a Virginia school division or Virginia accredited nonpublic school, request that your application be submitted by the college or university or the Career Switcher program provider.)
- Hold an active, valid license from another state with no deficiencies with comparable endorsement(s) to those offered in Virginia.
- Are employed full-time as an educator under contract by a Virginia school division or a Virginia accredited nonpublic school. (Please submit your application directly to the Virginia employing school division or the Virginia accredited nonpublic school.)
- Are military personnel or veteran applying for a Virginia license.

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 AN INITIAL VIRGINIA LICENSE FOR TEACHERS, ADMINISTRATORS AND SUPERVISORS, AND PUPIL PERSONNEL SERVICES PERSONNEL

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 BOTH PAGES OF 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.

PLEASE NOTE THAT THE FORMS MUST BE IN THE SAME FORMAT AS PROVIDED IN THIS PACKET. THE FIRST PAGE OF THE APPLICATION CANNOT BE SPLIT INTO TWO PAGES AND THE SIGNATURE AND DATE MUST APPEAR AT THE BOTTOM OF EACH OF THE PAGES.

Step 2: Nonrefundable Application Fee

The in-state fee is \$100, and the out-of-state fee is \$150. The fee is determined by the address on your application. Attach a certified check, cashier's check, money order, or personal check made payable to the *Treasurer of Virginia*. A \$50 processing fee is assessed for a check returned for any reason. Returned checks are subject to collection action. Applicants may also utilize the Pay Now feature on the Office of Licensure website (<https://www.doe.virginia.gov/teaching-learning-assessment/teaching-in-virginia/licensure/licensing-services>) to pay for the application fee upfront. Please note that if this option is utilized, **the receipt must be printed and submitted** with the application packet.

Step 3: College Verification Form

If you have completed undergraduate and/or graduate state-approved preparation programs, the College Verification Form must be completed by the certification/licensure officer of the college or university where you completed each program. The student teaching/practicum/internship verification (Part III) must be completed for each student teaching/practicum/internship experience. If you hold an active out-of-state license (full credential without deficiencies) from another state and are seeking only endorsement(s) on that license comparable to endorsement(s) in Virginia, this form is not required.

Step 4: Report on Experience

This form must be completed by the appropriate official(s) at a public school division or accredited nonpublic school if you have completed at least one year of full-time contractual teaching or other contracted instructional school professional experience at a public or accredited nonpublic school.

Step 5: Professional Teacher's Assessment Scores

Include a copy of the score reports for the Virginia licensure assessments taken and passed. Electronic scores sent to the Department from the testing companies are not always transferred; therefore, include copies of score reports. Please refer to the *Assessment Requirements for Virginia Licensure* document, located on the [Licensure website](#).

Section [§ 22.1-298.1 of the Code of Virginia](#) states in part:

K. The Board's licensure regulations shall also provide for licensure by reciprocity:

3. For individuals who have obtained a valid out-of-state license, with full credentials and without deficiencies, that is in force at the time the application for a Virginia license is received by the Department of Education. Each such individual shall establish a file in the Department of Education by submitting a complete application packet, which shall include official student transcripts. No service requirements or licensing assessments shall be required for any such individual.

Individuals who hold an active out-of-state license (full credential without deficiencies) in a state other than Virginia may be exempted from the professional teacher's assessment requirements.

Step 6: Official Student Transcripts

Include official transcripts from all colleges and universities attended. Contact the registrar's office of each college or university where you have earned a degree or completed coursework. Official transcripts can be mailed to the student directly; however, the envelope must remain sealed. Official transcripts mailed directly to the student must be submitted with the application packet and must remain in their sealed envelope. Students may also request their college or university to send electronic transcripts directly to the Office of Licensure via Parchment or National Student Clearinghouse. Colleges and universities not participating in the Parchment or National Student Clearinghouse networks will need to mail their official transcripts to the student. Please do not ask the college or university to mail an official transcript to the Office of Licensure.

Individuals who are seeking an educator license and who attended a college/university or earned a degree outside of the United States need to obtain an evaluation of their credentials. Applicants can request an evaluation from a member organization of one of the two national associations of credential evaluation services:

1. [National Association of Credential Evaluation Services](#) (NACES) is an association of 19 credential evaluation services with admission standards and an enforced code of good practice.
2. [Association of International Credentials Evaluators](#) (AICE) is an association of 10 credential evaluation services with a board of advisors and an enforced code of ethics.

Additional information regarding coursework or degrees completed outside the United States can be found on our [resource document](#).

Placement records sent from colleges, grade reports, photocopies, and student printouts of unofficial transcripts will not be accepted or returned.

Step 7: Out-of-State License(s)

Include a photocopy of each of your active out-of-state license(s), and any additional documentation received with the license(s), if applicable. If you completed an alternate route to licensure and/or hold an endorsement on an out-of-state license that was earned through assessment alone, please also submit supporting documentation.

Step 8: Statutory Requirements for Initial Licensure

Include documentation to verify completion of all applicable statutory required trainings. A complete listing of all statutory requirements, with detailed information regarding each, can be found in the [Statutory Requirements document](#).

Virginia Department of Education
 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

<u>Social Security Number</u> - -	<u>Date of Birth</u> (Month/Day/Year)	Military Veteran Branch: Military Reserves Branch:	U.S. Military Spouse: <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> (include area code) () -	<u>Email Address</u>	<u>Gender</u> (for statistical purposes only) <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 <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Native Hawaiian or other Pacific Islander <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <u>Please note:</u> This includes a reprimand, warning, or reproof 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <u>Please note:</u> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <u>Please note:</u> 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.)	<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.

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.

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.

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:	PHONE NUMBER: () -
TITLE:	INSTITUTION:
STREET ADDRESS (STREET, CITY, STATE, ZIP):	
EMAIL ADDRESS:	

REPORT ON EXPERIENCE

DIRECTIONS: A report verifying experience must be completed by the appropriate public school division or accredited nonpublic school official if the applicant has full-time, contractual teaching experience or held other professional positions in a public school or accredited nonpublic school. Only full-time, contractual teaching experience in a public school division or accredited nonpublic school should be reported. Experience as a substitute teacher or aide should not be listed. The completed form must be submitted to this office by the applicant along with all other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

Last Name	First Name	Middle Name	Suffix (Jr., Sr., III)
Social Security Number ____ - ____ - ____ or Virginia License # ____ - ____			
Address of Applicant (Street or P. O. Address)			
City, State, Zip Code			

NAME OF PUBLIC SCHOOL OR ACCREDITED NONPUBLIC SCHOOL	POSITION HELD <small>(Experience as a substitute or aide should not be listed.)</small>	GRADE LEVEL AND SPECIFIC SUBJECT TAUGHT <small>(For special education assignments, please specify population served.)</small>	LENGTH OF SERVICE <small>(MONTH/YEAR TO MONTH/YEAR)</small>

Total number of years of full-time teaching experience:

Total number of years of full-time experience in administration and/or supervision:

Total number of years of full-time experience in a pupil personnel services area (school counselor, psychologist, social worker, vocational evaluator):

By my signature, I verify that the above-named person was successfully employed full-time, under contract in the public schools or accredited nonpublic school(s) and for the period(s) listed above.

SIGNATURE:	DATE (Month/Day/Year):
NAME:	PHONE NUMBER: -
TITLE:	DIVISION/ACCREDITED NONPUBLIC SCHOOL:
ADDRESS (STREET, CITY, STATE, ZIP):	
EMAIL ADDRESS:	