



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

APPLICATION FOR A VIRGINIA LICENSE

Please Check:

License Requested: _____ **Initial License (Fee-\$50 in-state; \$75-Out-of-state)** _____ **Division Superintendent License (Fee-\$100-in-state; \$150-out-of-state)**

PART I--INFORMATION

PLEASE PRINT OR TYPE

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)			
Daytime Telephone Number (include area code) ()	Home Telephone Number (include area code) ()	Gender—for statistical purposes only _____ Male _____ Female	
Race—for statistical purposes only (check one) _____ 1. American Indian/Alaskan Native _____ 2. Asian or Pacific Islander _____ 3. Black (not of Hispanic Origin) _____ 4. Hispanic _____ 5. White (Not of Hispanic Origin)			

PART II

Have you ever been convicted of a felony in the U.S. (or territories) or found guilty of a criminal offense in another country? (If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	_____ Yes	_____ No
Have you ever been found guilty of a misdemeanor involving children or drugs? (If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	_____ Yes	_____ No
Have you ever had a teaching certificate or license denied, revoked, cancelled, or suspended? (If yes, please attach a statement giving full details and official documentation of the action taken.)	_____ Yes	_____ No

PART III--EDUCATION (only colleges and universities--BA/BS and MA/MS)

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

PART IV--EXPERIENCE (Grades K-12 only -- Full-time, contractual experience only, not substitute, summer school, or aide)

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

PART V--OUT-OF-STATE EDUCATIONAL LICENSE - Must be completed if applicable (ENCLOSE A PHOTOCOPY OF EACH LICENSE)

State:	First issue date:	Last expiration date:
State:	First issue date:	Last expiration date:

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

Name of Employer :	Beginning Date of Employment:	Assignment:
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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 OF THE VIRGINIA LICENSE.

Date _____ Applicant-s Signature _____