

APPLICATION FOR A DIVISION SUPERINTENDENT LICENSE

(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 Division Superintendent 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 is required for a license to be issued.

Please reference the Licensure Regulations for School Personnel on the Virginia Department of Education's website for all requirements for a Division Superintendent 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 VAC20-23-720. 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

Please follow the instructions to assemble your application packet. Submit the application, including the forms and documents requested, in **a single packet** to the Virginia Department of Education, Department of Teacher Education and Licensure, P.O. 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 Department of Teacher Education and 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.

Step 2: Nonrefundable Application Fee

The in-state fee is \$200, and the out-of-state fee is \$300. 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.

Step 3: Report on Experience

This form must be completed by the appropriate official(s) at a public school division or accredited nonpublic school to verify at least five years of full-time experience in a public and/or accredited nonpublic school, two years of which must be teaching experience at the kindergarten through grade 12 level and two years of which must be in administration/supervision.

Step 4: 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. Request official student transcripts to be sent to you, and submit the transcripts with your application packet. Official student transcripts (bearing the registrar's signature and embossed seal) that have been issued to students are acceptable. {Do not have transcripts sent separately to this office.}

Some institutions contract with other companies to issue official transcripts. The transcripts may be accepted if received in sealed envelopes. Placement records sent from colleges, electronic transcripts, grade reports, PDFs, photocopies, and student printouts of transcripts will not be accepted or returned. Please do not have transcripts sent directly from the institution to this office.

Step 5: Out-of-state License(s)

Include a **photocopy** of each of your active out-of-state license(s), and any documentation received with the license(s), if applicable.

Step 6: Certification of Child Abuse and Neglect Recognition and Intervention Training

Include a copy of the certificate verifying completion of this statutory requirement. Individuals seeking initial licensure must complete study in child abuse and neglect recognition and intervention in accordance with curriculum guidelines approved by the Virginia Board of Education. A [training module](#) is available at no cost.

- Individuals must select the "Required Training/Courses" tab under the heading "Child Protective Services."
- Then select the "Child Abuse and Neglect: Recognizing, Reporting, & Responding (for educators)."

To print the certificate after completing the training, the computer must be connected to a printer.

Step 7: Emergency First Aid, CPR including hands-on practice, and AED Training or Certification

Include documentation verifying this statutory requirement has been met. Every person seeking initial licensure or renewal of a license shall provide evidence of completion of certification or training in emergency first aid, cardiopulmonary resuscitation, and the use of automated external defibrillators. The certification or training program shall (i) be based on the current national evidence-based emergency cardiovascular care guidelines for cardiopulmonary resuscitation and the use of an automated external defibrillator, such as a program developed by the American Heart Association or the American Red Cross, and (ii) include hands-on practice of the skills necessary to perform cardiopulmonary resuscitation. The Board shall provide a waiver for this requirement for any person with a disability whose disability prohibits such person from completing the certification or training.

An individual requesting a waiver must submit a “[Request for a Waiver Form](#)”.

The following must be included on official documentation submitted to the licensure office by an individual:

- Individual’s full name.
- Title or description of training or certification completed that clearly indicates that all three components were included: 1) emergency first aid, 2) CPR including hands-on practice, and 3) use of AEDs. Documentation must clearly indicate that hands-on CPR practice was included in the training. If your documentation does not clearly indicate that hands-on practice was included you will need to attach additional documentation such as a letter from the instructor.
- Date the training or certification was completed.
- Signature and title of the individual providing the training or certification or a printed certificate from the organization or group that provided the training or certification. Legible copies of wallet-sized certification cards or other sized certifications, containing the above information, from organizations providing current national evidence-based emergency cardiovascular care for cardiopulmonary resuscitation and the use of an automated external defibrillator, such as a program developed by the American Heart Association or the American Red Cross will be accepted.

Step 8: Dyslexia Awareness Training

Include a copy of the certificate verifying completion of this statutory requirement. Individuals seeking initial licensure shall complete awareness training on the indicators of dyslexia, as that term is defined by the Board pursuant to regulations, and the evidence-based interventions and accommodations for dyslexia. A [dyslexia module](#) is available at no cost.

To print the certificate after completing the training, the computer must be connected to a printer.

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NONREFUNDABLE APPLICATION FEE (determined by the address provided below): \$200-in-state; \$300-out-of-state
Make checks payable to Treasurer of Virginia. The application fee is nonrefundable. A \$50 fee is assessed for a returned check.

PART I: INFORMATION

PLEASE PRINT OR TYPE

<u>Social Security Number</u> - -	<u>Date of Birth</u> (Month/Day/Year)	U.S. Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:	Reserves: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:
<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>Daytime Telephone Number</u> (include area code) () -	<u>Home Telephone Number</u> (include area code) () -	<u>Gender</u> (for statistical purposes only) <input type="checkbox"/> Male <input type="checkbox"/> Female	
<u>Race</u> (optional - for statistical purposes only - check one) <input type="checkbox"/> 1. American Indian/Alaskan Native <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black (not of Hispanic origin) <input type="checkbox"/> 4. Hispanic <input type="checkbox"/> 5. White (not of Hispanic origin) <input type="checkbox"/> 6. Native Hawaiian/ Pacific Islander <input type="checkbox"/> 7. Non-Hispanic, two or more races			

***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
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 (not alcohol)? (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? Please note: 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? 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.)	<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? 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.)	<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:
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ORIGINAL SIGNATURE REQUIRED

MONTH/DAY/YEAR

The application is continued on the following page. Pages 1 and 2 each must include the applicant's signature and date.
A complete application must be submitted.

(Application for a Division Superintendent License Page 1 of 2)

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:
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ORIGINAL SIGNATURE REQUIRED

MONTH/DAY/YEAR

Pages 1 and 2 must each include the applicant's signature. A complete application must be submitted.

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

OFFICE USE ONLY

REPORT ON EXPERIENCE - DIVISION SUPERINTENDENT LICENSE

DIRECTIONS: This form must be completed by the appropriate official(s) at a public school division or accredited nonpublic school **to verify at least five years of full-time experience in a public and/or accredited nonpublic school, two years of which must be teaching experience at the kindergarten through grade 12 level and two years of which must be in administration/supervision.** 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 (Please report only full-time, contractual teaching experience in a public or accredited nonpublic school. Experience as a substitute teacher or aide should not be listed.)	POSITION HELD	GRADE LEVEL <u>AND</u> SPECIFIC SUBJECT TAUGHT (For special education assignments, please specify population served)	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

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:	