

## **APPLICATION FOR A VIRGINIA PROVISIONAL (SPECIAL EDUCATION) LICENSE**

**[The complete application must be submitted by a Virginia public school division  
or a Virginia accredited nonpublic school.]**

A complete application must be submitted by a Virginia public school division or an accredited nonpublic school. If an incomplete packet is submitted or a license cannot be issued, your application will be retained for only one year. After that time, a new application packet must be submitted. An updated application is required for a license to be issued.

### **CRITERIA FOR A VIRGINIA EMPLOYING SCHOOL DIVISION OR A VIRGINIA ACCREDITED NONPUBLIC SCHOOL SUBMITTING AN APPLICATION FOR A PROVISIONAL (SPECIAL EDUCATION) LICENSE**

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

In addition to statutory and regulatory requirements for licensure, an individual must meet the following requirements to apply for the Provisional (Special Education) License. To be issued the Provisional (Special Education) License through this alternate route, an individual must:

- Be employed by a Virginia public or accredited nonpublic school as a special educator and have the recommendation of the employing educational agency;
- Hold a baccalaureate degree from a regionally accredited college or university;
- Have an assigned mentor endorsed in special education; and
- Have a planned program of study in the assigned endorsement area, make progress toward meeting the endorsement requirements each of the three years of the license, and have completed coursework in the competencies of foundations for educating students with disabilities and an understanding and application of the legal aspects and regulatory requirements associated with identification, education, and evaluation of students with disabilities. A survey course integrating these competencies would satisfy this requirement. The Provisional (Special Education) License through this alternate route shall not be issued without the completion of these prerequisites.

### **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 A PROVISIONAL (SPECIAL EDUCATION) LICENSE

Please follow the instructions to assemble your application packet, and **return it to your Virginia employing school division or Virginia accredited nonpublic school**. The employing Virginia school division or Virginia accredited nonpublic school must 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 ALL THREE 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 \$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 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 successful, full-time contractual teaching or other contracted instructional school professional experience at a public or accredited nonpublic school.

*Revised January 2022*

### **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 [testing information](#) on the Licensure website.

**Effective July 1, 2018,** [House Bill 1125](#) states in part:

*...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 network 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.

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, please also submit that documentation.

### **Step 8: 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 9: Emergency First Aid, CPR, 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 10: 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.

### **Step 11: Behavior Intervention and Support Training**

Include a copy of the certificate verifying completion of this statutory requirement. Applicants who complete a Virginia state-approved program will have completed this as part of their program. A series of modules that meet the new training requirement for initial licensure can be found on the [ODU VDOE joint webpage](#) and can be completed at no cost. Applicants who did not receive the training through a Virginia state-approved program may complete the modules on their own and submit the documentation.

## APPLICATION FOR A VIRGINIA PROVISIONAL (SPECIAL EDUCATION) LICENSE (Page 1 of 3)

**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> - -	<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		

\***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> (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> (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> (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? Please note: 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? Please note: 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? Please note: 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

**Applicant's Signature:**

**Date:**

ORIGINAL SIGNATURE REQUIRED

MONTH/DAY/YEAR

**The application is continued. Pages 1, 2, and 3 must each be signed and dated. A complete application must be submitted.**  
(Page 1 of 3)

*Revised January 2022*

**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 (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	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







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

Revised January 2022

**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:**

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., Visual Art, Health and 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, and the use of AED
- ☐ Dyslexia training;
- ☐ Behavior Support and Intervention 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	DATE:
NAME:	PHONE NUMBER: (   )   -
TITLE:	INSTITUTION:
STREET ADDRESS:	CITY, STATE, ZIP:

**EMAIL ADDRESS:**

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

October 2020

**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 for initial licensure has had a total of at least one year of full-time, contractual teaching experience or held other professional positions in a public school or accredited nonpublic school. 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 ACCREDITED 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 AND 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.**

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