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

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* <u>*Treasurer of Virginia.*</u> *A \$50 fee is assessed for a returned check. Please include printed receipt if paid online.*

Social Scientify Number Date of Hinth (Mindlay Veran) Military Versen Branch: Military Reserves Branch: Military Reserves Branch: Military Reserves Branch: Military Reserves Branch: Middle Name U.S. Military Sponse: Verail Address (Street, City, State, Zip Code) (Please note that the address provided is public information.)* Middle Name Suffix Preferred Telephone Number (media are code) Email Address Gender (for statistical purposes only) Milate Please answer both of the following questions: Are you Hispanic or Latino (theose only one) No. not Hispanic or Latino (Vers. Hispanic or Latino What is your race? (choose one or more) 1. American Indua/Alaskan Native (2. Asian *ADDRESS CHANGE The applicant must notify, in writing, the Office of Licensure. Department of Education, of an address changes where does of persons applying for a lacense) may be dissemined pursuant to a request under § 2-23302(5) of the Code of Vergma. ART II: BACKGROUND QUESTIONS: Background Questions Yes No Have you ever beca convicted of, or entered a plex of guilty or no contest to, a folon? (ff.yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.) Yes No Have you ever beca convicted of, or entered a plex of guilty or no contest to, a middemeanor involving a child (minor) or a statent? (Tys., please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)	PART I: INFORMATION PLEASE PRINT OR TYPE							
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Appicant soignature.	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. 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 (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 REOUIRED	MONTH/DAY/YEAR

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

(Application Page 2 of 2)