

**Virginia Department of Education**  
**Department of Teacher Education and Licensure**  
**PO 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 (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; and
- ☐ Behavior Intervention and Support 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 (STREET, CITY, STATE, ZIP):	
EMAIL ADDRESS:	

