

APPLICATION FOR LICENSE RENEWAL

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

Please submit a complete application with supporting credentials. The renewal fee is \$50. There is a \$50 fee for a returned check. Make checks payable to Treasurer of Virginia. The fee is nonrefundable. All three pages must be submitted.

PART I: INFORMATION

PLEASE PRINT IN INK OR TYPE

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Suffix</u>
<u>Date of Birth</u> (Month/Day/Year)	<u>Virginia License # or Social Security #</u> - or - -		<u>Renewal Year</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) () -	
Virginia Employing School Division or Accredited Nonpublic School (if applicable)			

***ADDRESS CHANGE - THE APPLICANT MUST NOTIFY THE OFFICE OF LICENSURE, DEPARTMENT OF EDUCATION, IN WRITING 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 Question	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? <u>Please note:</u> 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? <u>Please note:</u> 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? <u>Please note:</u> 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

PART III: SIGNATURE AND VERIFICATION OF RENEWAL ACTIVITIES:

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, 2 and 3 each must include the applicant's signature and date.

A complete application must be submitted.

**APPLICATION FOR LICENSE RENEWAL
Individualized Renewal Record – Page 2**

Name: First	Middle	Last
Social Security Number - - or	Virginia License # -	

Part IV-Individualized Renewal Record

Summary of Points Earned During the Past Five Years to be Credited Toward Renewal:

Option Maximum Points	1 (180)	2 (45)	3 (90)	4 (90)	5 (90)	6 (90)	7 (90)	8 (180)	Credit for All Options
Total Points									

Required for individuals employed by a Virginia educational agency:

Division or Accredited Nonpublic School:

Advisor's Name: (Please print/type)

Title:

Advisor's Signature: _____ Date: _____

I recommend the renewal of the Virginia license and certify that the above-named license holder completed the listed activities and that these activities comply with Virginia's renewal regulations.

Superintendent's or Designee's Name: (Please print/type):

Title:

Superintendent's or Designee's Signature: _____ Date: _____

	Verification of Completed Activities			Date
	Activity Points	Applicant Initials	Advisor Initials	
Option 1: College Credit (180) Course No./Title College/Year Taken				
Option 2: Professional Conference (45) Name Dates Attended				
Option 3: Curriculum Development (90) Title Dates				

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Applicant's Signature:	Date:
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ORIGINAL SIGNATURE REQUIRED

MONTH/DAY/YEAR

