

LICENSURE APPLICATION PROCEDURE

ODU teacher candidates completing an approved program and who are applying for a Virginia License must submit the following documents to Teacher Education Services: *Please make sure that all documents are attached. If a document is missing, the application cannot be processed and will be placed on hold until the missing document is received. We highly encourage applicants to collect first all the documents required, then, submit the application packet.*

- _____ A completed and signed Application for A Virginia License (DA 034)
- _____ A College Verification Form - DA 035 (**Complete ONLY Part I**)
- _____ Copy of the Child Abuse and Neglect Recognition training certificate
- _____ Copy of your Virginia Reading Assessment (VRA) **Examinee Score Report** (for PreK-3, PreK-6, Special Education, and Reading programs)
- _____ Copy of your Praxis **Examinee Score Report**, to include
 - _____ Praxis I (or a copy of your SAT or ACT score report, if used as an alternative score for Praxis I)
 - _____ Praxis II
- _____ Copy of the Virginia Communication and Literacy Assessment (VCLA) **Examinee Score Report**
- _____ All teacher candidates, must include an [official Old Dominion University transcript](#) (in a sealed envelope), showing:
 - _____ your student teaching **Passing** grade
 - _____ your degree, if you are in a degree program

NOTE: Transcripts should be sent **TO YOU**. **The application cannot be processed without the official transcripts. This will delay processing of your application to be submitted to the Virginia Department of Education**

- _____ Undergraduate teacher candidates need to include the ODU official transcript in a sealed envelope showing the bachelor's degree was received,
- _____ Graduate teacher candidates need to include an official transcript in a sealed envelope from the institution where the bachelor's degree was received, if other than Old Dominion University. The ODU transcript must display your MSED degree was awarded. In addition, include official transcripts in a sealed envelope from any other institutions where content courses were completed after earning your bachelor's degree.
- _____ Licensure Only candidates need to include an official transcript in a sealed envelope from the institution where the bachelor's degree was received, if other than Old Dominion University. In addition, include official transcripts in a sealed envelope from any other institutions where content courses were completed after earning your bachelor's degree.
- _____ A **nonrefundable fee** must be submitted with your application. The in-state fee is \$50, and the out-of-state fee is \$75. The fee is determined by the address stated on your application. Your check or money order must be made payable to the **Treasurer of Virginia**. **The Virginia Department of Education WILL NOT PROCESS an application with a check dated more than 30 days old.**
- _____ When you have all the documents listed above, bring or mail the completed application packet to Teacher Education Services. **Incomplete packets will be returned.** We will process completed application packets, **within approximately two weeks from the date of receipt**; sign the College Verification Form; and forward your application to the Office of Professional Licensure in Richmond. A copy of the completed College Verification Form will be mailed to you.

IMPORTANT ADDRESSES

Darden College of Education
Teacher Education Services
Education Bldg., Room 152
Old Dominion University
Norfolk, VA 23529-0156
Phone: (757)683-3348

Virginia Department of Education
Office of Professional Licensure
Post Office Box 2120
Richmond, VA 23218-2120
Main Line: 1-800-292-3820
Phone: (804)225-2022

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

APPLICATION FOR A VIRGINIA LICENSE

Please Check:

License Requested: _____ **Initial License (Fee-\$50 in-state; \$75-Out-of-state)** _____ **Division Superintendent License (Fee--\$100-in-state; \$150-out-of-state)**

PART I--INFORMATION

PLEASE PRINT OR TYPE

Social Security Number		Date of Birth (Month/Day/Year)	
Last Name	First Name	Middle Name	Suffix (Jr., Sr., III, etc.)
Address (Street, City, State, Zip Code)			
Daytime Telephone Number (include area code) ()	Home Telephone Number (include area code) ()	Gender—for statistical purposes only _____ Male _____ Female	
Race--for statistical purposes only (check one) _____ 1. American Indian/Alaskan Native _____ 2. Asian or Pacific Islander _____ 3. Black (not of Hispanic Origin) _____ 4. Hispanic _____ 5. White (Not of Hispanic Origin)			

PART II

Have you ever been convicted of a felony in the U.S. (or territories) or found guilty of a criminal offense in another country? (If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	_____ Yes _____ No
Have you ever been found guilty of a misdemeanor involving children or drugs? (If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	_____ Yes _____ No
Have you ever had a teaching certificate or license denied, revoked, cancelled, or suspended? If yes, please attach a statement giving full details and official documentation of the action taken.)	_____ Yes _____ No

PART III--EDUCATION (only colleges and universities--BA/BS and MA/MS)

Name of Institution	Location	Dates Attended	Degree (if earned)	Major/Major Subjects

PART IV--EXPERIENCE (Grades K-12 only --Full-time, contractual experience only, not substitute, summer school, or aide)

Name of School	Location	Dates of Employment (Month/Year to Month/Year)	Grade(s)/Subject(s) Taught

PART V--OUT-OF-STATE EDUCATIONAL LICENSE - Must be completed if applicable (ENCLOSE A PHOTOCOPY OF EACH LICENSE)

State:	First issue date:	Last expiration date:	
State:	First issue date:	Last expiration date:	

PART VI--COMPLETE IF YOU HAVE ACCEPTED A POSITION IN VIRGINIA REQUIRING A LICENSE

Name of Employer:	Beginning Date of Employment:	Assignment:
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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 OF THE VIRGINIA LICENSE.

Date _____ Applicant's Signature _____

IMPORTANT NOTICE: A nonrefundable fee (\$50 in-state and \$75 out-of-state fee) must be submitted with the application. There is a \$25 fee for a returned check. Make checks payable to the Treasurer of Virginia. A complete application must be submitted. Incomplete applications will not be

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

COLLEGE VERIFICATION FORM

The primary purpose of this form is to determine whether an applicant for licensure has completed a state-approved preparation program at the graduate or undergraduate 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 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 (Jr., Sr., III)
Address (Street, City, State, Zip Code)			
Name of Institution			
Degree and Date of Conferral			

PART II: Please circle the appropriate response:

YES NO The applicant satisfactorily completed a state-approved preparation program and completed endorsements (teaching areas, administration and supervision, or pupil personnel services) in the following:

ENDORSEMENTS: _____

PART III: Student Teaching, Internship, and/or Practicum Experience:

Course Title: _____ Course Number: _____

Semester Hours: _____ 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.

Special subject area(s) (i.e., Art, Music, P.E.): _____ Grade level (s): _____

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. I certify on the basis of my information and belief that the applicant possesses good moral character.

DATE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____