

CHECKLIST FOR SCHOOL COUNSELING PUPIL PERSONNEL LICENSE

Congratulations on the completion of your school counseling master's degree program! In order to process your application for the license, **ALL of the following items listed must be submitted:**

If you do not have a Virginia teaching license, your packet should include the following:

- ___ Application for Initial Virginia License (DA 034)
- ___ College Verification Form
- ___ **Transcripts**
The Virginia State Board requires original official transcripts from the institution which granted your graduate degree for MS in School Counseling. This transcript should show pertinent course work and the MS degree awarded. Request to the ODU Office of the Registrar that transcripts be sent to you in a sealed envelope (transcript request form is enclosed).
The ODU transcript **MUST** be in a sealed enveloped and included with application packet.
- ___ A non-refundable fee of 50.00 for in-state residents **or** \$75.00 for out-of-state residents.
Check or money made payable to **Treasurer of Virginia**

If you have a current or expired Virginia teaching license, your packet must include the following:

- ___ Report on Experience Form (DA 037). This form must be signed by the current or former employing school division. It is used to verify the two-year experience requirement.
- ___ Miscellaneous Request Form. Check the item(s) "Evaluate for and/or add endorsement in School Counseling Pupil Personnel License" and/or "Add a degree" if applicable.
- ___ College Verification Form
- ___ **Transcripts**
The Virginia State Board requires original official transcripts from the institution which granted your graduate degree for MS in School Counseling. This transcript should show pertinent course work and the MS degree awarded. Request to the ODU Office of the Registrar that transcripts be sent to you in a sealed envelope (transcript request form is enclosed).
The ODU transcript **MUST** be in a sealed enveloped and included with application packet.
- ___ A non-refundable fee of \$25.00; include a Check or money made payable to **Treasurer of Virginia**

When all documents are collected, submit them to Teacher Education Services for processing.

An incomplete packet will not be accepted!

Our Office Address and Phone #

Teacher Education Services
152 Education Building
Darden College of Education
Old Dominion University
Attn: Dr. Leigh Butler, 757-683-3348

Richmond Address and Phone #

Virginia Department of Education
Office of Professional Licensure
P. O. Box 2120
Richmond, VA 23216-2120
804-225-2022

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: _____

*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

<p>Have you ever been convicted of a felony in the U.S. (or territories) or found guilty of a criminal offense in another country? _____ Yes _____ No (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.)</p> <p>Have you ever been found guilty of a misdemeanor involving children or drugs? _____ Yes _____ No (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.)</p> <p>Have you ever had a teaching certificate or license denied, revoked, cancelled, or suspended? _____ Yes _____ No (If yes, please attach a statement giving full details and official documentation of the action taken.)</p>

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 retained longer than one year.

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

REPORT ON EXPERIENCE

DIRECTIONS: A report verifying experience must be completed by the appropriate nonpublic school or public school division 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
Social Security Number: _____-_____-_____		
Address of Applicant (Street, City, State, Zip Code)		

NAME OF ACCREDITED SCHOOL <small>(Please report only full-time, contractual teaching experience in an accredited public or accredited nonpublic school. Experience as a substitute teacher or aide should not be listed.)</small>	POSITION HELD	GRADE LEVEL OR SPECIFIC SUBJECT TAUGHT	LENGTH OF SERVICE <small>(MONTH/YEAR TO MONTH/YEAR)</small>

Total number of years of full-time teaching experience: _____

Total number of years of full-time experience in administration supervision: _____

Total number of years of full-time experience in a pupil personnel services area
(counselor, psychologist, social worker, speech pathologist, 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** non public school(s) and for the period(s) listed above.

DATE: _____ GNATURE: _____

NAME: _____

TITLE: _____

ADDRESS: _____

