

APPLICATION FOR LICENSE RENEWAL

Updated August 2020

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>Preferred Telephone Number</u> (include area code) () - - - | | <u>Email Address</u> | |
| 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 (excluding offenses relating to alcohol or possession of one ounce or less of marijuana)? (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? Please note: 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? Please note: 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? Please note: 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: |
|-------------------------------|--------------|

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 | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

ORIGINAL SIGNATURE REQUIRED

MONTH/DAY/YEAR

| | |
|-------------------------------|--------------|
| Applicant's Signature: | Date: |
|-------------------------------|--------------|

**APPLICATION FOR LICENSE RENEWAL
Individualized Renewal Record – Page 3**

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

| | Verification of Completed Activities | | | Date |
|---|--------------------------------------|--------------------|------------------|------|
| | Activity Points | Applicant Initials | Advisor Initials | |
| Option 4: Publication of Article (90) Title Magazine Date Published | | | | |
| Option 5: Publication of Book (90) Title Publisher Date Published | | | | |
| Option 6: Mentorship/Supervision (90) Person Date Supervised | | | | |
| Option 7: Educational Project (90) Title Dates | | | | |
| Option 8: Professional Development Activities (180) Project/Title Dates | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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.

ORIGINAL SIGNATURE REQUIRED MONTH/DAY/YEAR

| | |
|-------------------------------|--------------|
| Applicant's Signature: | Date: |
|-------------------------------|--------------|

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.
 (Page 3 of 3)