

APPLICATION FOR LICENSE RENEWAL
Individualized Renewal Record (Page 1 of 3)

Please submit a complete application with supporting credentials. The renewal fee is \$25. A \$35 fee is assessed for a returned check.

Part I-INFORMATION

PLEASE PRINT OR TYPE

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>License No. or Social Security No.</u>
<u>Home Address*</u>		<u>City</u>	<u>State</u> <u>Zip Code</u>
<u>Daytime Telephone Number (include area code)</u> ()		<u>Home Telephone Number (include area code)</u> ()	
<u>Endorsement(s)</u>	<u>Highest Degree Earned</u>	<u>Renewal Year</u>	
<u>Virginia employing school division or accredited nonpublic school (if applicable)</u>			

*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

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 of conviction.)	<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 of conviction.)	<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)? (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 of conviction.)	<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 of conviction.)	<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 had any other adverse action taken against such a license? (If yes, please attach a statement giving full details and official documentation of the action taken.)	<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 statement giving full details and official documentation of the founded complaint.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever left any education- or school-related employment, voluntarily or involuntarily, while the subject of an investigation, inquiry, or review of alleged misconduct or when you had reason to believe an investigation of alleged misconduct was under way or imminent? (If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To your knowledge, are you currently the subject of any investigation, inquiry, or review 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? (If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)	<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 THREE PAGE APPLICATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN DENIAL, REVOCATION, CANCELLATION, OR SUSPENSION OF THE VIRGINIA LICENSE.

Applicant's Signature _____ Date _____

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Name: Last First Middle License Number or SSN

	Verification of Completed Activities			
	Activity Points	Applicant Initials	Advisor Initials	Date
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				