

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

FOR OFFICE USE ONLY

APPLICATION FOR A PROVISIONAL (SPECIAL EDUCATION) VIRGINIA LICENSE (Page 1 of 3)

APPLICATION FEE: Initial License (Fee: \$50 in-state; \$75-Out-of-state)

Make checks payable to Treasurer of Virginia. The fee is nonrefundable. There is a \$35 fee for a returned check.

PART I--INFORMATION

PLEASE PRINT OR TYPE

<u>Social Security Number</u>		<u>Date of Birth</u> (Month/Day/Year)	
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Suffix</u> (Jr., Sr., III, etc.)
<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) ()	<u>Gender</u> (for statistical purposes only) _____ Male _____ Female	
<u>Race</u> (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)			

***THE APPLICANT MUST NOTIFY THE OFFICE OF LICENSURE, DEPARTMENT OF EDUCATION, IN WRITING OF AN ADDRESS CHANGE.**

PART II

Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony anywhere in the United States? (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.)	___Yes	___No
Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country or a U.S. territory? (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.)	___Yes	___No
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving children (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.)	___Yes	___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.)	___Yes	___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.)	___Yes	___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.)	___Yes	___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.)	___Yes	___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.)	___Yes	___No

BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS THREE-PAGE APPLICATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL, REVOCATION, CANCELLATION, OR SUSPENSION OF THE VIRGINIA LICENSE.

Date _____ Applicant's Signature _____

The application is continued on the following page. Pages 1, 2, and 3 of the application must include the applicant's signature on each page. A complete application must be submitted. Incomplete applications may not be retained longer than one year.

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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 – This section must be completed, if applicable. (Enclose a copy of each license.)

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

BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS THREE-PAGE APPLICATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL, REVOCATION, CANCELLATION, OR SUSPENSION OF THE VIRGINIA LICENSE.

Date _____ Applicant's Signature _____

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PART VII – CERTIFICATIONS FOR A PROVISIONAL (SPECIAL EDUCATION) VIRGINIA LICENSE

The Provisional (Special Education) License is a three-year, nonrenewable teaching license issued to an individual employed as a special education teacher in a public school or accredited special education school in Virginia who does hold the appropriate special education endorsement. The Provisional (Special Education) License is not applicable to individuals employed as speech pathologists. To be issued the Provisional (Special Education) License an individual must meet the following criteria:

- Be employed by a Virginia public or nonpublic school as a special educator and have the recommendation of the employing educational agency;
- Hold a baccalaureate degree from a regionally accredited college or university;
- Have an assigned mentor endorsed in special education;
- Have a planned program of study in the assigned endorsement area, make progress toward meeting the endorsement requirements each of the three years of the license, and have completed coursework in the competencies of foundations for educating students with disabilities and understanding and application of the legal aspects and regulatory requirements associated with identification, education, and evaluation of students with disabilities. A survey course integrating these competencies would satisfy this requirement. The Provisional (Special Education) Virginia License through this alternate route shall not be issued without the completion of these prerequisites.; and
- Have completed the child abuse recognition and intervention training and training or certification in emergency first aid, cardiopulmonary resuscitation (CPR), and the use of automated external defibrillators (AEDs).

Please print or type:

Name of School Division or Accredited Nonpublic Special Education School:
Name of Teacher (First, Middle, and Last Name):
Social Security Number of Teacher:
Special Education Endorsement(s) Requested (The endorsement area requested must correspond to the teacher's assignment.): <input type="checkbox"/> General Curriculum <input type="checkbox"/> Adapted Curriculum <input type="checkbox"/> Early Childhood Special Education <input type="checkbox"/> Hearing Impairments <input type="checkbox"/> Visual Impairments
Mentor Teacher Assigned to Teacher (The mentor teacher must be endorsed in special education.) Name: _____ License No. or Social Security No. _____

By my signature, I verify that I understand the criteria for eligibility for the Provisional (Special Education) License, and I understand that I must complete the requirements for the license and endorsement (teaching) areas within the three-year validity period of the Provisional (Special Education) License.

Signature of Teacher Applicant

Date

By my signature, I assure that the teacher requesting the Provisional (Special Education) License meets the criteria listed above and is the best qualified applicant for the position. I further certify that the school division has advertised the position and made reasonable efforts to recruit and hire qualified individuals. Documents of these assurances must be maintained in the school division's/school's office.

Signature of Superintendent/Director of Nonpublic School

Date

Printed Name of Superintendent/Director of Nonpublic School