

LICENSURE REQUEST FORM

Revised January 2015

Virginia Department of Education • P. O. Box 2120, Richmond, VA 23218-2120

TO: **DIVISION OF TEACHER EDUCATION AND LICENSURE**

NAME OF APPLICANT: _____ LICENSE NO.: _____

APPLICANT ADDRESS: _____

Please provide a current, accurate mailing address (including the zip code) for the applicant.

EMPLOYED AS: *(Please specify assignment and/or grade level)* _____

SCHOOL DIVISION: _____

TYPE OF VIRGINIA LICENSE HELD: _____ DATES: July 1, _____ to June 30, _____

PLEASE VERIFY THE FOLLOWING (A response is required.):

- _____ Technology Standards Met
- _____ Technology Standards Not Met
- _____ Child Abuse Recognition and Intervention Training Met
- _____ Emergency First Aid, Cardiopulmonary Resuscitation, and the Use of an Automated External Defibrillator Requirement Met
- _____ Virginia History and Local Government Requirement (if applicable to endorsement held on license)

REQUESTS:

- _____ Issue an initial license. **(Enclose the \$50 in-state fee or a \$75 out-of-state fee.)**
 - _____ Issue a duplicate license. **(Enclose the \$25 fee.)***
 - _____ Change a statement of eligibility to a Provisional License. **(No fee) (New application form required)**
 - _____ Change a statement of eligibility, a Provisional License, or a Provisional (Special Education) License to a five-year license. **(No fee) (New application form required)**
 - _____ Request a modification to the licensure regulations to change a Collegiate Professional License or a Postgraduate Professional License to a Provisional License in order to add an endorsement. Please explain the reason for the change in the license in the comments section below. If requesting this modification, this form must be signed by the division superintendent, assistant superintendent, or director of human resources.
 - _____ Change a Collegiate Professional License to a Postgraduate Professional License. **(If a degree needs to be added, check next box.)**
 - _____ Add a degree: _____ Bachelor's _____ Master's _____ Education Specialist _____ Juris Doctorate _____ Doctorate **(Enclose the \$25 fee.)***
 - _____ Evaluate for an endorsement in _____. **(Enclose the \$25 fee for each endorsement evaluation.)***
 - _____ Add an endorsement in _____ based on a Praxis II assessment. (Elementary education cannot be added by testing.) **(Please enclose a score report and \$25 fee for each endorsement.)***
 - _____ Add an endorsement based upon an initial evaluation completed within the last three years. **(Attach a copy of the evaluation.)**
 - _____ Extend renewable license to June 30, 20____. CHECK REASON: _____ Complete renewal requirements _____ Technology Not Met **(No fee)**
Please explain the reason for the extension in the comments section below. If requesting an extension, this form must be signed by the school division superintendent, assistant superintendent, or director of human resources.
- A LICENSE CANNOT BE EXTENDED BEYOND ONE YEAR TO COMPLETE THESE REQUIREMENTS.**
- _____ Change name from _____ to _____. **(Enclose \$25 if duplicate requested.)**

_____ **Renewal:** My signature below verifies that the individual listed above has satisfactorily completed renewal requirements; has completed and signed an Application for License Renewal (revised 3-2014) and has answered "No" to all questions in Part II of the Application for Licensure Renewal (This form must be maintained on file by the educational agency); has met the Technology Standards for Instructional Personnel; has completed the child abuse recognition and intervention training; has completed certification or training in emergency first aid, CPR, and the use of AEDs; Virginia history and local government requirement (if applicable); and is eligible for a renewable five-year license effective July 1, _____ to June 30, _____. **(Please enclose a \$25 fee.)***

ENCLOSURES:

- _____ Fee Amount \$ _____ **(Money order, certified check, cashier's check, or personal check payable to the Treasurer of Virginia)**
- _____ Application for a Virginia License _____ College Recommendation form(s) _____ Report on Experience form(s)
- _____ Professional Teacher's Assessment scores _____ Out-of-state license(s) _____ Transcripts

Other: _____

COMMENTS: _____

School Division Official's Signature **Printed Name of School Division Official** **Date**
(The signature of the school division superintendent, assistant superintendent, or human resources director is required if requesting a modification to the regulations to change a five-year license to a provisional license due to an assignment change or if requesting an extension.)

Mail to: Virginia Department of Education, Division of Teacher Education and Licensure, Post Office Box 2120, Richmond, VA 23218-2120.

SPECIAL NOTES: *A cap of \$50 is assessed for each request for multiple actions on a license (with the exception of the initial application fee). For example, an individual may request a renewal, a name change, an additional degree, and an additional endorsement evaluation in a single request and pay \$50 instead of \$25 per action. Please note that there is no fee for a name change on a license; however, if a name change is the only request, a \$25 fee for duplicating the license is required. **A \$35 processing fee will be charged for a returned personal check. All checks must be made payable to the Treasurer of Virginia.**

A complete application packet is required for all applicants seeking initial licensure. If an incomplete packet is submitted, and a license cannot be issued, the application information will not be retained longer than one year. Please note that a current application form will be required.