

*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. **[Note: Part IV is to be completed by Virginia colleges/universities only.]**

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 Earned	Date of Degree Conferral	

PART II: Please circle the appropriate response:

YES NO By my signature, I certify that the applicant satisfactorily completed a state-approved preparation program and completed endorsements (teaching areas, administration and supervision, or pupil personnel services) in the following areas:
ENDORSEMENTS: _____

PART III: Student Teaching, Internship, and/or Practicum Experience:

Course Title: _____ Course Number: _____ 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.

D. Special subject area(s) (i.e., Art, Music, P.E.): _____ Grade level (s): _____

PART IV: To be completed by Virginia colleges and universities only:

If I am signing as a Virginia college or university representative, my signature below certifies that the individual has met the following requirements checked below:
 _____ child abuse recognition and intervention training and technology standards for instructional personnel; and
 _____ certification/ training in emergency first aid, CPR, and the use of automated external defibrillators.

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. By my signature, I certify on the basis of my information and belief that the applicant possesses good moral character.

DATE: _____ SIGNATURE: _____
 NAME: _____
 TITLE: _____
 INSTITUTION: _____