

APPLICATION FOR LICENSE RENEWAL

*Virginia Department of Education
Division of Teacher Education and Licensure
P. O. Box 2120 • Richmond, VA 23218-2120
(All three pages must be submitted.)*

**Please submit a complete application with supporting credentials. The renewal fee is \$25. There is a \$50 fee for a returned check.
Make checks payable to Treasurer of Virginia. The fee is nonrefundable.**

PLEASE PRINT IN INK OR TYPE**PART I--INFORMATION**

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Suffix</u> (Jr., Sr., III, etc.)
<u>Date of Birth</u> (Month/Day/Year)		<u>License No.</u>	<u>Renewal Year</u>
<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>Virginia employing school division or accredited nonpublic school (if applicable)</u>			

*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

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 (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.)	<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? <u>Please note:</u> 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? <u>Please note:</u> 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? <u>Please note:</u> 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 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 _____

**APPLICATION FOR LICENSE RENEWAL
Individualized Renewal Record**

Name: Last First Middle License Number

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) _____ 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) _____ Title _____

Superintendent’s or Designee’s Signature _____ Date _____

Activity Points	Verification of Completed Activities		
	Applicant Initials	Advisor Initials	Date
Option 1: College Credit (180) Course No./Title College/Year Taken			
Option 2: Professional Conference (45) Conference Name Dates Attended			
Option 3: Curriculum Development (90) Title Dates			

APPLICATION FOR LICENSE RENEWAL Individualized Renewal Record Continued

Name: Last First Middle License Number

			Verification of Completed Activities			
			Activity Points	Applicant Initials	Advisor Initials	Date
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					