

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

**APPLICATION FOR LICENSE RENEWAL**  
**(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.***

**PART I--INFORMATION**

**PLEASE PRINT IN INK OR TYPE**

|  |  |  |                                     |  |
|--|--|--|-------------------------------------|--|
| <u>Social Security Number</u>  | <u>Military Years of Service and Branch</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)<br>_____ Male _____ Female |                                     |  |
| <u>Race</u> (optional - for statistical purposes only - check one) _____ 1. American Indian/Alaskan Native _____ 2. Asian _____ 3. Black (not of Hispanic origin)<br>_____ 4. Hispanic _____ 5. White (not of Hispanic origin) _____ 6. Native Hawaiian/ Pacific Islander _____ 7. Non-Hispanic, two or more races |  |  |                                     |  |

\*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**

|  |        |       |
|--|--------|-------|
| <b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?</b><br>(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.)   | ___Yes | ___No |
| <b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?</b><br>(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.)  | ___Yes | ___No |
| <b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor)?</b><br>(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.)  | ___Yes | ___No |
| <b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)?</b><br>(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.)  | ___Yes | ___No |
| <b>Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?</b><br>(If yes, please attach a statement giving full details and official documentation of the founded complaint.)   | ___Yes | ___No |
| <b>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.</b><br>(If yes, please attach a statement giving full details and official documentation of the action taken.)   | ___Yes | ___No |
| <b>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.</b><br>(If yes, please attach a statement giving full details and any official documentation available regarding the matter.)  | ___Yes | ___No |
| <b>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.</b><br>(If yes, please attach a statement giving full details and any official documentation available regarding the matter.) | ___Yes | ___No |

**Part III-Signature and Verification of Renewal Activities**

THE SUBMISSION OF AN APPLICATION FOR A VIRGINIA LICENSE OR REQUEST FOR LICENSE RENEWAL MAY RESULT IN THE DENIAL OF A LICENSE FOR ANY REASON LISTED IN THE LICENSURE REGULATIONS FOR SCHOOL PERSONNEL, 8VAC20-22-720.

APPLICATION FOR LICENSE RENEWAL

Name: Last First Middle License Number or SSN

THE DENIAL OF A LICENSE IS AN ADVERSE LICENSURE ACTION THAT IS REPORTED TO DIVISION SUPERINTENDENTS IN VIRGINIA AND TO CHIEF STATE SCHOOL OFFICERS OF THE OTHER STATES AND TERRITORIES OF THE UNITED STATES AND COULD AFFECT THE STATUS OF ANY LICENSE OR CERTIFICATE THAT THE APPLICANT HOLDS IN ANOTHER STATE AND/OR THE STATUS OF ANY APPLICATION FOR A LICENSE OR CERTIFICATE THAT THE APPLICANT HAS SUBMITTED OR MAY SUBMIT IN ANOTHER STATE. AN INDIVIDUAL WILL NOT BE DENIED A LICENSE WITHOUT BEING GIVEN THE OPPORTUNITY FOR A HEARING AS SPECIFIED IN THE LICENSURE REGULATIONS 8VAC20-22-740C.

Date Applicant's Signature

Part IV-Individualized Renewal Record

Summary of Points Earned During the Past Five Years to be Credited Toward Renewal:

Table with 10 columns: Option Maximum Points, 1 (180), 2 (45), 3 (90), 4 (90), 5 (90), 6 (90), 7 (90), 8 (180), Credit for All Options. Includes a Total Points row.

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

Table with 4 columns: Activity Points, Applicant Initials, Advisor Initials, Date. Rows include Option 1: College Credit (180), Option 2: Professional Conference (45), and Option 3: Curriculum Development (90).

### Individualized Renewal Record Continued

Name: Last First Middle

License Number or SSN

|   | Activity Points | Verification of Completed Activities |                  | Date |
|---|-----------------|--------------------------------------|------------------|------|
|   |                 | Applicant Initials                   | Advisor Initials |      |
| <b>Option 4: Publication of Article (90)</b><br>Title Magazine Date Published     |                 |                                      |                  |      |
|   |                 |                                      |                  |      |
|   |                 |                                      |                  |      |
| <b>Option 5: Publication of Book (90)</b><br>Title Publisher Date Published       |                 |                                      |                  |      |
|   |                 |                                      |                  |      |
|   |                 |                                      |                  |      |
| <b>Option 6: Mentorship/Supervision (90)</b><br>Person Date Supervised            |                 |                                      |                  |      |
|   |                 |                                      |                  |      |
|   |                 |                                      |                  |      |
| <b>Option 7: Educational Project (90)</b><br>Title Dates                          |                 |                                      |                  |      |
|   |                 |                                      |                  |      |
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| <b>Option 8: Professional Development Activities (180)</b><br>Project/Title Dates |                 |                                      |                  |      |
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