Virginia Department of Education
Department of Teacher Education and Licensure
PO Box 2120 ● Richmond, VA 23218-2120

APPLICATION FOR A TECHNICAL PROFESSIONAL LICENSE (Page 1 of 2)

PART I: INFORMATION **PLEASE PRINT OR TYPE**

Social Security Number - -	Date of Birth (Month/Day/Year)	Military Veteran Branch: Military Reserves Branch:	U.S. Military Spouse: ☐ Yes ☐ No
Last Name	First Name	Middle Name	Suffix
Address (Street, City, State, Zip Code) [Please note that the address provided is public information.]*			
Preferred Telephone Number (include area code) ( ) -	Email Address	Gender (for statistical purposes only) ☐ Male ☐ Female ☐ Non-binary	
Please answer both of the following questions:	Are you Hispanic or Latino? (choose only one) ☐ No, not Hispanic or Latino ☐ Yes, Hispanic or Latino		
	What is your race? (choose one or more) ☐ 1. American Indian/Alaskan Native ☐ 2. Asian ☐ 3. Black or African American ☐ 4. Native Hawaiian or other Pacific Islander ☐ 5. White		

PART II: BACKGROUND QUESTIONS:

Background Questions	Yes	No
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.)	☐**Yes**	☐**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.)	☐**Yes**	☐**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.)	☐**Yes**	☐**No**
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (excluding offenses related to alcohol or possession of one ounce or less of marijuana)? (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**
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.)	☐**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 the right to apply for such a license; or had any other adverse action taken against such a license? Please note: This includes a reprimand, warning, or reproval 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.)	☐**Yes**	☐**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? Please note: 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.)	☐**Yes**	☐**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? Please note: 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.)	☐**Yes**	☐**No**

Applicant's Signature:	**Date:**
ORIGINAL SIGNATURE REQUIRED	MONTH/DAY/YEAR

The application is continued on the following page. Pages 1 and 2 each must include the applicant's signature and date on each page.

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PART III--HIGH SCHOOL EDUCATION OR EQUIVALENCY (Include high school diploma earned or GED)

Name of High School	Location	Dates Attended (high school)	Diploma or GED (Please check)
			Please check: ☐ Diploma ☐ GED

PART IV--COLLEGE EDUCATION (Include colleges and universities where coursework was completed and degrees earned.)

Name of Institution	Location	Dates Attended	Degree (if earned)	Major/Major Subjects

PART V—TEACHING EXPERIENCE (Grades K-12 only -- Full-time, contractual experience only, not substitute, summer school, or aide)

Name of School	Location	Dates of Employment	Grade(s)/Subject(s) Taught

PART VI--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:

PART VII-- OCCUPATIONAL/PROFESSIONAL LICENSE (Enclose a copy of each license.)

Name of License	First issue date	Last expiration date

PART VIII--OCCUPATIONAL EXPERIENCE RELATIVE TO ENDORSEMENT (TEACHING) AREA REQUESTED

Name of Firm	**Location (City/State)**	**Dates of Employment (Month/Year to Month/Year)**	**Type of Work/Duties Performed**

PART IX: COMPLETE IF YOU HAVE ACCEPTED A POSITION IN VIRGINIA REQUIRING A LICENSE

Name of Employer	Beginning Date of Employment (Month/Day/Year)	Assignment
Address		
City, State, Zip Code		

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

Applicant's Signature:	**Date:**
ORIGINAL SIGNATURE REQUIRED	MONTH/DAY/YEAR

BY MY SIGNATURE, I CERTIFY THAT THE APPLICANT GRADUATED FROM AN ACCREDITED HIGH SCHOOL (OR POSSESSES A GED CERTIFICATE) AND THE APPLICANT'S OCCUPATIONAL EXPERIENCE WAS VERIFIED PRIOR TO THE SUBMISSION OF THIS APPLICATION.

Signature of Division Superintendent or Nonpublic School Director:	**Date:**
SUPERINTENDENT OF A PUBLIC SCHOOL DIVISION or DIRECTOR OF ACCREDITED NONPUBLIC SCHOOL	

Printed Name of Division Superintendent or Accredited Nonpublic School Director:

Pages 1 and 2 must include all required signatures and dates on each page.