**APPLICATION FOR LICENSE RENEWAL**

*January 2022*

***Virginia Department of Education***

***Department of Teacher Education and Licensure***

***PO Box 2120 • Richmond, VA 23218-2120***

**Please submit a complete application with supporting credentials. The renewal fee is $50. There is a $50 fee for a returned check.**

***Make checks payable to Treasurer of Virginia. Please include printed receipt if paid online. The fee is nonrefundable.***

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

| Last Name | First Name | | Middle Name | | Suffix |
| --- | --- | --- | --- | --- | --- |
| Date of Birth (Month/Day/Year) | Virginia License # or Social Security #       -      or    -  - | | | Renewal Year | |
| Address (Street, City, State, Zip Code) [Please note that the address provided is public information.]\* | | | | | |
| Preferred Telephone Number (include area code)  (   )     - | | Email Address | | | |
| Virginia Employing School Division or Accredited Nonpublic School (if applicable) | | | | | |

**\*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: BACKGROUND QUESTIONS:

| **Background Question** | **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** |

## PART III: SIGNATURE AND VERIFICATION OF RENEWAL ACTIVITIES:

**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

**The application is continued on the following page. Pages 1, 2 and 3 must include the applicant’s signature and date on each page.**

**A complete application must be submitted.**

**(Page 1 of 3)**

**APPLICATION FOR LICENSE RENEWAL**

*January 2022*

**Individualized Renewal Record – Page 2**

|  |  |  |
| --- | --- | --- |
| **Name: First** | **Middle** | **Last** |
| **Social Security Number**    -  -    ­­­­ **or** | **Virginia License #**      - | |

## 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:**

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Division or Accredited Nonpublic School:

Advisor’s Name: (Please print/type)

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.

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|  |

Superintendent’s or Designee’s Name: (Please print/type):

Title:

Superintendent’s or Designee’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

ORIGINAL SIGNATURE REQUIRED MONTH/DAY/YEAR

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**A complete application must be submitted.**

**(Page 2 of 3)**

*January 2022*

**APPLICATION FOR LICENSE RENEWAL**

**Individualized Renewal Record – Page 3**

|  |  |  |
| --- | --- | --- |
| **Name: First** | **Middle** | **Last** |
| **Social Security Number**    -  -    ­­­­ **or** | **Virginia License #**      - | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Verification of Completed Activities** | |  |
|  | **Activity Points** | **Applicant Initials** | **Advisor**  **Initials** | **Date** |
| **Option 4: Publication of Article (90)**  Title Magazine Date Published |  |  |  |  |
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| **Option 5: Publication of Book (90)**  Title Publisher Date Published |  |  |  |  |
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| **Option 6: Mentorship/Supervision (90)** Person Date Supervised |  |  |  |  |
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| **Option 7: Educational Project (90)**  Title Dates |  |  |  |  |
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| **Option 8: Professional Development Activities (180)**  Project/Title Dates |  |  |  |  |
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**(Page 3 of 3)**