

# APPLICATION FOR A VCEA LICENSE

Diocese of Richmond

**NONREFUNDABLE APPLICATION FEE** *$100-Provide Receipt*

##  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      |  |
| 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  |

 **\*ADDRESS CHANGE –** The applicant must notify, in writing, the Office of Catholic Schools any Name/Address Change by using the Change

Name/Address Form provided on the Extranet.

##  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** |

 **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 and 2 must include the applicant’s signature and date on each page.**

 **A complete application must be submitted. (Application Page 1 of 2)**

**APPLICATION FOR A VCEA LICENSE (Page 2)**

## PART III: EDUCATION (Include colleges and universities where coursework was completed and degrees earned.)

| Name of Institution | Location | Dates Attended(Month/Year to Month/Year) | Degree (if earned) | Major/Major Subjects |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
|       |       |       |       |       |
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## PART IV: EXPERIENCE (Grades PreK-12 only–full-time, contractual experience only).

| Name of School Division or Accredited Nonpublic School  | Location | Dates of Employment(Month/Year to Month/Year) | Grade(s)/Subject(s) Taught |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

## PART V: OUT-OF-STATE EDUCATIONAL LICENSE, IF APPLICABLE – (Enclose a photocopy of each license.)

| State:       | First issue date: (Month/Day/Year)       | Last expiration date: (Month/Day/Year)       |
| --- | --- | --- |
| State:      | First issue date: (Month/Day/Year)        | Last expiration date: (Month/Day/Year)      |
| State:      | First issue date: (Month/Day/Year)        | Last expiration date: (Month/Day/Year)      |

## PART VI: 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 VCEA LICENSE.

| Applicant’s Signature: | Date:      |
| --- | --- |

ORIGINAL SIGNATURE REQUIRED MONTH/DAY/YEAR

 Pages 1 and 2 must include the applicant’s signature and date on each page. A complete application must be submitted.

 **(Application Page 2 of 2)**