

# 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)**