

APPLICATION FOR A VIRGINIA PROVISIONAL (SPECIAL EDUCATION) LICENSE (Page 1 of 3)

PART I: INFORMATION

PLEASE PRINT OR TYPE

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

MONTH/DAY/YEAR

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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

PART IV: EXPERIENCE (Grades PreK-12 only—full-time, contractual experience only. Do not include substitute, summer school, or aide experience.)

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

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 VIRGINIA LICENSE.

Applicant's Signature:	Date:
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ORIGINAL SIGNATURE REQUIRED

MONTH/DAY/YEAR

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PART VII – CERTIFICATIONS FOR A PROVISIONAL (SPECIAL EDUCATION) VIRGINIA LICENSE

In addition to statutory and regulatory requirements for licensure, an individual must meet the requirements listed below to apply for the Provisional (Special Education) License. To be issued the Provisional (Special Education) License through this alternate route, an individual must:

- Be employed by a Virginia public or nonpublic school as a special educator and have the recommendation of the employing educational agency;
- Hold a baccalaureate degree from a regionally accredited college or university;
- Have an assigned mentor endorsed in special education; and
- Have a planned program of study in the assigned endorsement area, make progress toward meeting the endorsement requirements each of the three years of the license, and have completed coursework in the competencies of foundations for educating students with disabilities and an understanding and application of the legal aspects and regulatory requirements associated with identification, education, and evaluation of students with disabilities. A survey course integrating these competencies would satisfy this requirement.

The Provisional (Special Education) License through this alternate route shall not be issued without the completion of the statutory and regulatory requirements, as well as the prerequisites.

Please print or type:

Name of Virginia School Division or Accredited Nonpublic Special Education School:			
<u>Applicant’s Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Suffix</u>
Applicant’s Social Security Number: - - -			
Special Education Endorsement(s) Requested: (The endorsement area requested must correspond to the teacher's assignment.) <input type="checkbox"/> Special education – adapted curriculum K-12 <input type="checkbox"/> Special education blindness and visual impairments preK-12 <input type="checkbox"/> Special education deaf and hard of hearing preK-12 <input type="checkbox"/> Special education early childhood (birth-age five years) <input type="checkbox"/> Special education – general curriculum K-12			
Mentor Teacher Assigned to Applicant (The mentor teacher must be endorsed in special education.):			
Name:		Virginia License No.: - -	

By my signature, I verify that I understand and meet the criteria for eligibility for the Provisional (Special Education) License, and I understand that I must complete the requirements for the license and endorsement (teaching) areas within the three-year validity period of the Provisional (Special Education) License. **No electronic signatures**

Applicant’s Signature:	Date:
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Original Signature of Applicant **MONTH/DAY/YEAR**

By my signature, I attest that the applicant meets the criteria listed above for the Provisional (Special Education) License, the division advertised for the position, and this individual is the best qualified applicant for the position.

Signature:	Date:
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Original Signature of Division Superintendent or Nonpublic School Director **MONTH/DAY/YEAR**

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Printed Name of Division Superintendent or Nonpublic School Director