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

APPLICATION FOR LICENSE RENEWAL - TEN-YEAR LICENSE

A complete renewal application with supporting documentation and payment for the fee must be submitted.
The fee for renewal is $50. The fee is nonrefundable. Make checks payable to Treasurer of Virginia. There is a $50 fee for a returned check.
Please print in ink or type.

PART I: INFORMATION

Last Name	First Name	Middle Name	Suffix
Date of Birth (Month/Day/Year)	Virginia Educator License Number or Social Security Number - 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		
Employing Virginia Public School Division or Accredited Nonpublic School (if applicable)			

*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

All pages must include the applicant's signature and date on each page.
A complete application must be submitted.

APPLICATION FOR LICENSE RENEWAL - TEN-YEAR LICENSE
INDIVIDUALIZED RENEWAL RECORD

Last Name:	First Name:	Middle Name:
Virginia Educator License Number -	or	Social Security Number - -

Part IV-Individualized Renewal Record

Summary of Points Earned During the Past Five Years to be Credited Toward Renewal:

Option (Max. Points)	1 (270)	2 (60)	3 (135)	4 (135)	5 (135)	6 (135)	7 (135)	8 (270)	Total Points Completed:
Points									

Required for individuals employed by a Virginia educational agency: Employer Verification

By my signature, 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.

Division or Accredited Nonpublic School:
Advisor's Name (print/type):
Title:

Advisor's Signature: _____ Date: _____

Superintendent's or Designee's Name (print/type):
Title:

Superintendent's or Designee's Signature: _____ Date: _____

		Verification of Completed Activities		
	Activity Points	Applicant Initials	Advisor Initials	Date
Option 1: College Credit (270) Course No./Title College/Year Taken				
Option 2: Professional Conference (60) Name Dates Attended				

Option 3: Curriculum Development (135) Title Dates				

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

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INDIVIDUALIZED RENEWAL RECORD

Last Name:	First Name:	Middle Name:
Virginia Educator License Number -	or	Social Security Number - -

		Verification of Completed Activities		
	Activity Points	Applicant Initials	Advisor Initials	Date
Option 4: Publication of Article (135) Title Magazine Date Published				
Option 5: Publication of Book (135) Title Publisher Date Published				
Option 6: Mentorship/Supervision (135) Person Date Supervised				
Option 7: Educational Project (135) Title Dates				
Option 8: Professional Development Activities (270) Project/Title Dates				

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