

VIRGINIA DEPARTMENT OF EDUCATION
Division of Teacher Education and Licensure
P.O. Box 2120
Richmond, Virginia 23218-2120

**APPLICATION FOR “CAREER SWITCHER” ALTERNATIVE ROUTE
TO LICENSURE PROGRAM FOR CAREER PROFESSIONS**

APPLICATION INFORMATION AND PROCEDURES

Submission of a complete application packet is required.

PRIVACY ACT NOTICE: The application for teacher licensure in Virginia requires that you provide your social security number. Section 22.1-296.4 of the *Code of Virginia* requires a check of the registry of founded complaints of child abuse and neglect in Virginia and other states. A social security number is required for this search. In addition, Virginia is a member of the National Association of State Directors of Teacher Education and Certification, and uses this clearinghouse to check for licensure revocation, suspension, denial, and reinstatement in other states. Virginia also provides information to the clearinghouse regarding licensure revocation, suspension, denial, and reinstatement in Virginia. The social security number is used for the clearinghouse and was required prior to 1975. The Virginia Department of Education will not release your social security number except in reporting cases of licensure revocation, suspension, denial, and reinstatement as noted above.

STEP 1 - Prerequisites for Program: Review the following prerequisites required for participation in a Career Switcher Program. The requirements must be completed prior to applying for a Career Switcher Program.

- complete application process;
- have an earned bachelor’s degree;
- must have completed five years of full-time work experience or its equivalent;
- meet teaching area requirements or equivalent [Refer to the Licensure Regulations for School Personnel on the following Web address: http://www.doe.virginia.gov/teaching/licensure/licensure_regs.pdf];
- satisfy Virginia’s cut scores on the (1) Virginia Communication and Literacy Assessment (VCLA); (2) Praxis II (subject area test); and (3) Virginia Reading for Virginia Educators (RVE) (if applicable).

STEP 2 - Application Form: Complete all areas as indicated. This application is for the Career Switcher Program and a license upon completion of Level I of the program. Please indicate on the application form the location for which you are applying and the area in that you plan to teach. Special education teacher preparation is not available in this program.

STEP 3 - Report on Experience: Please have the Report on Experience form completed by the appropriate official(s) at the place(s) of employment where you completed at least five years of work experience, or its equivalent.

STEP 4 - Professional Teacher’s Assessment Scores: If you have taken the VCLA, Praxis II, (and the RVE, if applicable), please submit a copy of your scores. If not, you will need to meet Virginia’s qualifying scores for the assessments prior to submission of your application. [Please refer to the following Web site for information on the assessment requirements: http://www.doe.virginia.gov/teaching/licensure/prof_teacher_assessment.pdf].

STEP 5 - Official Student Transcripts: Contact the registrar’s office of all colleges/universities where you have earned degrees and taken applicable course work. ***Request official student transcripts to be sent to you to be enclosed with your application.*** Official student transcripts (bearing the registrar’s signature and embossed seal) that have been issued to students are acceptable. Placement records sent from colleges and photocopies of transcripts will not be accepted or returned.

STEP 6 - Send your Application Directly to the Certified Program Provider: Please send your application for the Career Switcher Program directly to the Certified Program Provider. You may review the list of program providers on the following Web site: http://www.doe.virginia.gov/teaching/educator_preparation/career_switcher/index.shtml. The Certified Program Provider will submit your application for the license to the Virginia Department of Education upon your successful completion of Level I of the program.

Fees for Licensure: Please note that upon your completion of Level I of the Career Switcher Program, your application for a Provisional (Career Switcher) License will be submitted to the Virginia Department of Education by the Certified Program Provider. This application must be accompanied by your application fee for the license. The in-state fee is \$50, and the out-of-state fee is \$75. [Checks must be made payable to the Treasurer of Virginia.] The in-state or out-of-state fee will be determined by the address listed on your application. **DO NOT SUBMIT THE APPLICATION FEE UNTIL NOTIFIED BY THE CERTIFIED PROGRAM PROVIDER.** Checks returned for any reason are subject to a \$25 returned check fee and collection action.

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APPLICATION FOR THE CAREER SWITCHER PROGRAM AND A VIRGINIA LICENSE UPON COMPLETION OF LEVEL I
 [PLEASE PRINT OR TYPE]

PART I

Please specify the name and location of the Certified Career Switcher Program Provider requested: _____
 Please specify teaching area(s) requested (Special Education is not applicable): _____
 Have you ever held any type of teaching license issued by the Virginia Department of Education? ____ Yes ____ No If Yes, please attach a copy of the license or give license type and endorsement information: _____
 Have you ever been issued a teaching license in another state? ____ Yes ____ No
 Please attach your passing scores for the VCLA: Praxis II: and the RVE (if applicable).

PART II—INFORMATION

Social Security Number:		Date of Birth: (Month/Day/Year)	
Last Name:	First Name:	Middle Name:	Suffix: (Jr., Sr., III, etc.)
Address (Street, City, State, Zip Code)			
You must notify the Office of Licensure, Department of Education in writing of a subsequent address change.			
Race--for statistical purposes only (check one)			
____ 1. American Indian/Alaskan Native	____ 2. Asian or Pacific Islander	____ 3. Black (not of Hispanic Origin)	
____ 4. Hispanic	____ 5. White (Not of Hispanic Origin)		
Daytime Telephone Number (include area code) ()	Home Telephone Number (include area code) ()	Gender (for statistical purposes) ____ Male ____ Female	

PART III

Have you ever been convicted of a felony in the U.S. (or territories) or found guilty of a criminal offense in another country? ____ Yes ____ No
 (If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)

Have you ever been convicted of a misdemeanor involving children or drugs? ____ Yes ____ No
 (If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)

Have you ever had a teaching certificate or license denied, revoked, invalidated, cancelled, or suspended? ____ Yes ____ No
 (If yes, attach statement giving full details and official documentation of the actions taken.)

Have you ever been the subject of a founded complaint of child abuse or neglect? ____ Yes ____ No
 (If yes, attach statement giving full details and official documentation of the actions taken.)

PART IV--EDUCATION (including all course work and degrees)

Name of Institution	Location	Dates Attended	Degree (if earned)	Major/Major Subjects

PART V—WORK EXPERIENCE (List chronologically, beginning with the most recent and attach an additional sheet if necessary)

Employer	Address City/State	Type of Work	Dates of Employment (Month/Year to Month/Year)	Reason for Leaving

PART VI--EXPERIENCE (Teaching experience, including experiences in the military, if applicable)

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

PART VII--COMPLETE IF YOU HAVE ACCEPTED A POSITION IN VIRGINIA REQUIRING A LICENSE

Name of Employer:	Beginning date of Employment:	Assignment:
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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 OF A VIRGINIA LICENSE.

Date _____ Applicant's Signature _____

IMPORTANT NOTICE: A nonrefundable fee (\$50 in-state and \$75 out-of-state fee) must be submitted with the application. There is a \$25 fee for a returned check. Make checks payable to the Treasurer of Virginia. A complete application must be submitted. Incomplete applications may not be retained longer than one year.

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CAREER SWITCHER ALTERNATIVE ROUTE TO LICENSURE PROGRAM

Report on Experience

DIRECTIONS: A total of five years of full-time work experience, or its equivalent, is required as a prerequisite to the Career Switcher Program. This form must be completed to verify this experience.

Last Name	First Name	Middle Name
Social Security Number _____ - _____ - _____		
Address of Applicant (Street, City, State, Zip Code)		

NAME OF EMPLOYER	POSITION HELD	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

BRIEF DESCRIPTION OF MAJOR DUTIES AND RESPONSIBILITIES

Total number of years of full-time experience: _____

Total years of part-time work experience: _____

By my signature, I verify that the above-named person was successfully employed for the period(s) listed above.

DATE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

ADDRESS: _____
