

## APPLICATION FOR THE CAREER SWITCHER ALTERNATIVE ROUTE TO LICENSURE PROGRAM

[PLEASE PRINT OR TYPE]

### PART I

Please specify the name and location of the Certified 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: \_\_\_\_\_  
 Please attach your passing scores for the VCLA; Praxis II; and the VRA (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)			Email:
Daytime Telephone Number (include area code) ( )	Home Telephone Number (include area code): ( )	Gender--for statistical purposes only <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race--for statistical purposes only (check one) <input type="checkbox"/> 3. Black (not of Hispanic Origin)		<input type="checkbox"/> 1. American Indian/Alaskan Native	<input type="checkbox"/> 2. Asian or Pacific Islander
		<input type="checkbox"/> 4. Hispanic	<input type="checkbox"/> 5. White (Not of Hispanic Origin)

### PART III

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

Have you ever had action against a teaching certificate or license?  Yes  No  
 If yes, please attach an explanation of the incident and official documentation of the action taken.

### PART IV--EDUCATION (including all course work and degrees, BA/BS, MA/MS, Ed.D/Ph.D)

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/REVOCAION OF A VIRGINIA LICENSE.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_