



INCOMPLETE PACKETS WILL NOT BE ACCEPTED.

**DO NOT STAPLE DOCUMENTS TOGETHER. DO NOT SUBMIT APPLICATION IN A FOLDER OR BINDER.
DO NOT PRINT ANY DOCUMENTS TWO-SIDED.**

Complete application packets include:

1. **VDOE Career Switcher application, with original signatures**
 - a. Do not send to VDOE. Enclose in application package.
 - b. Print application and fill out in its entirety. Sign and date. **DO NOT PRINT TWO-SIDED.**
2. **EducateVA Cover Page (includes site preferences)**
3. **Report on Experience form(s) signed by supervisor or Human Resources representative**
 - a. Self-employed individuals may NOT sign for themselves
 - b. Third-party work verification is NOT acceptable (i.e. The Work Number)
 - c. Electronic signatures are NOT acceptable.
4. **Criminal History Waiver form**
 - a. NOTE – Any delay in the background check process can delay field placement assignments and impact program completion. No refund is available to those who cannot complete a field placement during the timeframe allotted.
 - b. Background checks are conducted by the school divisions, not EducateVA, and may extend beyond criminal history to other public records, to include print, video, and social media.
5. **PRAXIS 2 (Subject Assessment) Official Score Report** *Unofficial scores will not be accepted. (These scores are not reported until 12-15 BUSINESS days after the testing window has closed for the month).
6. **VCLA Official Score Report**
(These scores can take up to 10 days to be sent to testers)
 - a. **Official transcripts from all college/graduate-level coursework (NOTE: Unsealed copies are not accepted by the VDOE)**
 - a. Transcripts should be sent in the sealed envelope from the institution to be considered “official”.
 - b. Transcripts should be sent to you, not to the college or the EducateVA offices.
 - c. All college coursework, including transfer courses and courses which have not led to a degree, should be documented.
 - d. Foreign transcripts must include a course-by-course evaluation by a VDOE approved evaluation agency.
7. **Active CPR/AED/Basic First Aid card or certificate, including a hands-on training component**
8. **Dated Certificate of Completion for DSS Child Abuse and Neglect Module -**
link found here: (https://www.dss.virginia.gov/family/cps/mandated_reporters/cwse5691/story_html5.html)
9. **Dated Certificate of Completion for VDOE Dyslexia Awareness Module –**
link found here: (http://www.doe.virginia.gov/teaching/licensure/dyslexia-module/story_html5.html)
10. **Dated Certificate of Completion for Restraint and Seclusion Module** link found here:
(<https://www.odu.edu/eps/programs/ciees/initiatives/restraint-and-seclusion.html>)
11. **Professional Essay**
 - a. Submit a professionally-crafted essay (maximum 750 words) using the following prompt:
*Reflecting on your previous educational and work experiences, what skills do you believe will serve you well as a future teacher?

Prerequisites:

- Bachelor’s degree or higher from regionally-accredited institution with a 2.5 GPA or higher
- 3 years of full-time professional work experience, documented through signed “Report on Experience” forms
- Passing scores on the Virginia Communication and Literacy Assessment (VCLA) and PRAXIS 2 in a critical shortage area (see list at www.EducateVA.com>Endorsements)

Application packets must be postmarked by the deadline and should be mailed to:

EducateVA/Community College Workforce Alliance
Post Office Box 85622
Richmond, Virginia 23285

*Note: Applications are NOT sent to the VDOE. Applications are sent to the program offices of EducateVA.

Upon receipt of your application, you will receive an email with instructions on the steps to pay the \$55.00 application fee online. Checks and money orders are not accepted. Your application will not be reviewed until this step has been completed.

Tuition for the program is due prior to the start of the program. Further directions will be included in your acceptance packet. Tuition cannot be paid in installments and will be paid online via credit card.

Application Cover Page

Name: _____

Email: _____

Phone Number: _____

Undergraduate institution: (2.5+ GPA): _____

Graduate institution: _____

Post-graduate institution: _____

VCLA Reading Score: _____ VCLA Writing Score: _____

PRAXIS Subject: _____ PRAXIS Score: _____

PRAXIS Subject (2): _____ PRAXIS Score: _____

Employer	City/State	Type of Work	Dates of Employment	Reason for Leaving

Indicate your top three site choices for attending Saturday sessions by numbering 1, 2, and 3:

- Blue Ridge CC: _____
- Tyler CC, Midlo: _____
- NVCC, Annandale: _____
- NVCC, Manassas: _____
- NVCC, Woodbridge: _____
- Southwest VA CC: _____
- Tidewater CC, ATC: _____
- Virginia Western CC: _____

*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

APPLICATION INFORMATION AND PROCEDURES

Submission of a complete application packet is required.

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

- An application process;
- A baccalaureate degree from a regionally accredited college or university;
- The completion of requirements for an endorsement in a teaching area or the equivalent through verifiable experience or academic study; [Refer to the Licensure Regulations for School Personnel on the following Web address: http://www.doe.virginia.gov/teaching/licensure/licensure_regs.pdf]
- At least three years of full-time work experience or the equivalent; and
- Virginia** qualifying scores on the professional teacher's assessments as prescribed by the Board of Education.
 - (1) Virginia Communication and Literacy Assessment (VCLA);
 - (2) Praxis II (subject area test); and (3) Reading for Virginia Educators (RVE) (if applicable).

STEP 2: Application Form (page 1 of 2): Complete all areas as indicated. This application is for the Certified Career Switcher Program. Upon completion of Level I of the program the application for the Provisional (Career Switcher) License must be submitted separately. Please indicate on the application form the Certified Career Switcher Program provider for which you are applying and the endorsement area that you plan to teach. Special education teacher preparation is not available in this program.

NOTICE: In accordance with § 63.2-1937 of the *Code of Virginia*, the Virginia Department of Education requires applicants for teacher licensure in Virginia to provide their social security numbers. Additionally, Virginia uses applicants' social security numbers to check the clearinghouse maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC) for license revocation, cancellation, suspension, denial, and reinstatement in other states. Virginia also reports information to the clearinghouse as needed. The Virginia Department of Education will not release your social security number except to the NASDTEC clearinghouse to report cases of license revocation, cancellation, suspension, denial, and reinstatement as noted above. **Please note that if you do not provide your social security number, your application will not be processed and no Virginia teaching license will be issued.**

NOTICE: The name and address of a person applying for or possessing a license may be disseminated pursuant a request under Section 2.2-3802(5) of the *Code of Virginia*.

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 three years of work experience, or its equivalent.

STEP 4: Professional Teacher's Assessment Scores: If you have taken the Virginia Communication and Literacy Assessment (VCLA); Praxis II (subject area test); and the Reading for Virginia Educators (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 licensure 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 with a university seal that have been issued to students are acceptable. Grade reports and/or photocopies of transcripts will not be accepted or returned.

STEP 6: Send your Application Directly to the Certified Career Switcher Program Provider: You may review the list of Certified Career Switcher 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 or the Certified Career Switcher Program, your application for a Provisional (Career Switcher) License will be submitted to the Virginia Department of Education by the Certified Career Switcher Program Provider. This application must be accompanied by your application fee for the license. The in-state fee is \$100, and the out-of-state fee is \$150. [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 CAREER SWITCHER PROGRAM PROVIDER.** Checks returned for any reason are subject to a \$50 returned check fee and collection action.

Virginia Department of Education
 Division of Teacher Education and Licensure
 P. O. Box 2120
 Richmond, Virginia 23218-2120

APPLICATION FOR THE CERTIFIED CAREER SWITCHER PROGRAM (Page 1 of 2)
 [PLEASE PRINT OR TYPE]

PART I --INFORMATION PLEASE PRINT OR TYPE

<u>Social Security Number</u>		<u>Date of Birth</u> (Month/Day/Year)	
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Suffix</u> (Jr., Sr., III, etc.)
<u>Address</u> (Street, City, State, Zip Code) [Please note that the address provided is public information.]*			
<u>Preferred Telephone Number</u> ()	<u>Email Address</u>	<u>Gender</u> (for statistical purposes only) _____ Male _____ Female	
Race (optional - for statistical purposes only - check one) _____ 1. American Indian/Alaskan Native _____ 2. Asian _____ 3. Black (not of Hispanic Origin) _____ 4. Hispanic _____ 5. White (Not of Hispanic Origin) _____ 6. Native Hawaiian/Pacific Islander _____ 7. Non-Hispanic, two or more races			

***THE APPLICANT MUST NOTIFY THE OFFICE OF LICENSURE, DEPARTMENT OF EDUCATION, IN WRITING OF AN ADDRESS CHANGE. 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

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 of conviction.)	___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 of conviction.)	___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 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.)	___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 _____
The application is continued on the following page. Pages 1 and 2 must include the applicant's signature on each page. A complete application must be submitted.

*Virginia Department of Education
Division of Teacher Education and Licensure
P. O. Box 2120
Richmond, Virginia 23218-2120*

APPLICATION FOR THE CERTIFIED CAREER SWITCHER PROGRAM (Page 2 of 2)
[PLEASE PRINT OR TYPE]

PART III

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 Board 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 Virginia Communication and Literacy Assessment (VCLA); Praxis II; and the Virginia Reading for Virginia Educators (RVE) (if applicable).

PART IV--EDUCATION (Include colleges and universities where coursework was completed and degrees earned.)

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

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

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

PART VI--TEACHING EXPERIENCE

Name/Type of School	Location	Dates of Employment	Grades(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: _____
 Address: _____

BY MY SIGNATURE, I CERTIFY THAT I UNDERSTAND I MUST CONTACT THE ADMINISTRATOR OF THE CERTIFIED CAREER SWITCHER PROGRAM WHERE I COMPLETED LEVEL I WHEN I SECURE EMPLOYMENT IN A VIRGINIA PUBLIC SCHOOL OR ACCREDITED NONPUBLIC SCHOOL IN VIRGINIA.

BY MY SIGNATURE, I CERTIFY THAT I UNDERSTAND THE CAREER SWITCHER PROGRAM REQUIRES THE COMPLETION OF LEVEL I AND LEVEL II (INCLUDING PARTICIPATION IN REQUIRED SEMINARS).

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 _____

Pages 1 and 2 must include the applicant's signature on each page. A complete application must be submitted. Incomplete applications may not be retained longer than one year.

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APPLICATION FOR THE CERTIFIED CAREER SWITCHER PROGRAM
[PLEASE PRINT OR TYPE]

Report on Experience
(THIS FORM MUST BE RETURNED TO THE APPLICANT)

DIRECTIONS: A total of three years of full-time successful 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 work experience** with this employer: _____

Total years of **part-time work experience** with this employer: _____

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

DATE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

CRIMINAL HISTORY AND BACKGROUND CHECK CERTIFICATION

I, the undersigned, hereby acknowledge that EducateVA is a program through which I may complete the requirements to apply for a Career Switcher's teaching license from the Virginia Department of Education (VDOE). I understand that EducateVA does not issue teaching licenses, but submits my application, and all supporting documentation, for a license upon satisfactory completion of the program requirements. As a part of the VDOE licensure application, I also acknowledge I will be required to disclose my criminal history, to include any pending investigations or inquiries. I also understand that this information may not preclude my enrollment and participation in the EducateVA program; however, it may prevent the VDOE from issuing a teaching license to me. Additionally, as a portion of my Level I training, I will be required to conduct a field study placement at a public school location. Should the school division conduct a background check, not limited to a criminal history, prior to my field placement and any information results in the school not allowing my field study, I will not be able to complete my Level I course of instruction and will, therefore, not be able to complete the program. I also understand this may include a review of public records, to include but not limited to print, video, and social media. School divisions hold full discretion on accepting students for field experiences and may deny placement without explanation.

Applicant's signature

Date