

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

**APPLICATION FOR THE 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>Daytime Telephone Number</u> (include area code) (        )	<u>Home Telephone Number</u> (include area code) (        )	<u>Gender</u> (for statistical purposes only) _____ Male                  _____ Female	
<u>Race</u> (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**

<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?</b> (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
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?</b> (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
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor)?</b> (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
<b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)?</b> (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
<b>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 had any other adverse action taken against such a license?</b> (If yes, please attach a statement giving full details and official documentation of the action taken.)	___ Yes	___ No
<b>Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?</b> (If yes, please attach a statement giving full details and official documentation of the founded complaint.)	Yes	No
<b>Have you ever left any education- or school-related employment, voluntarily or involuntarily, while the subject of an investigation, inquiry, or review of alleged misconduct or when you had reason to believe an investigation of alleged misconduct was under way or imminent?</b> (If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)	___ Yes	___ No
<b>To your knowledge, are you currently the subject of any investigation, inquiry, or review 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?</b> (If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)	___ 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. Incomplete applications may not be retained longer than one year.**

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**APPLICATION FOR THE CAREER SWITCHER PROGRAM (Page 2 of 2)**  
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**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 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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**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.

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

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

<b>BRIEF DESCRIPTION OF MAJOR DUTIES AND RESPONSIBILITIES</b>

Total number of years of full-time 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: \_\_\_\_\_