



**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. 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.
- 4. Report on Experience form(s) signed by supervisor or Human Resources representative**
  - a. Self-employed individuals may NOT sign for themselves
  - b. Electronic signatures are NOT acceptable.
- 5. 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.
- 6. 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).
- 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/abuse/cps.cgi>)
- 9. Dated Certificate of Completion for VDOE Dyslexia Awareness Module –**  
link found here: (<https://www.doe.virginia.gov/teaching-learning-assessment/teaching-in-virginia/teacher-licensure/dyslexia-training>)
- 10. Dated Certificate of Completion for VDOE Restraint and Seclusion Module-**  
Link found here: (<https://cieesodu.org/initiatives/restraint-and-seclusion/>)
- 11. Dated Certificate of Completion for VDOE Cultural Competency Module-**  
Link found here: (<https://culturalcpd.emediava.org/>)
- 12. 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 a PRAXIS Subject Assessment in supported content area (see list at [www.EducateVA.com/Endorsements](http://www.EducateVA.com/Endorsements))
- Active CPR/AED/Basic First Aid card or certificate, including a hands-on training component
- Dated Certificate of Completion for DSS Child Abuse and Neglect Module - link found here: ([http://www.doe.virginia.gov/teaching/licensure/child\\_abuse\\_training.shtml](http://www.doe.virginia.gov/teaching/licensure/child_abuse_training.shtml))
- Dated Certificate of Completion for VDOE Dyslexia Awareness Module - link found here: ([http://www.doe.virginia.gov/teaching/licensure/dyslexia-module/story\\_html5.html](http://www.doe.virginia.gov/teaching/licensure/dyslexia-module/story_html5.html))

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

**EducateVA**

**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: \_\_\_\_\_

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: \_\_\_\_\_

Reynolds CC, Parham Road: \_\_\_\_\_

Southwest VA CC: \_\_\_\_\_

NVCC, Annandale: \_\_\_\_\_

NVCC, Manassas: \_\_\_\_\_

Tidewater CC, Suffolk: \_\_\_\_\_

Virginia Western CC: \_\_\_\_\_

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

**APPLICATION FOR THE CAREER SWITCHER PROGRAM (Page 1 of 2)**

**PART I: INFORMATION**

**PLEASE PRINT OR TYPE**

|                                                                                                                |                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                                                                   |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <u>Social Security Number</u><br>XXX-XX-                                                                       | <u>Date of Birth</u> (Month/Day/Year)                                                                                                                                                                                                                                                                 | Military Veteran Branch:<br>Military Reserves Branch:                                                          | U.S. Military Spouse:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Last Name</u>                                                                                               | <u>First Name</u>                                                                                                                                                                                                                                                                                     | <u>Middle Name</u>                                                                                             | <u>Suffix</u>                                                                     |
| <u>Address</u> (Street, City, State, Zip Code) [Please note that the address provided is public information.]* |                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                                                                   |
| <u>Preferred Telephone Number</u><br>(include area code)<br>( ) -                                              | <u>Email Address</u>                                                                                                                                                                                                                                                                                  | <u>Gender</u> (for statistical purposes only)<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                                                                                   |
| Please answer both of the following questions:                                                                 | Are you Hispanic or Latino? (choose only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino                                                                                                                                                    |                                                                                                                |                                                                                   |
|                                                                                                                | What is your race? (choose one or more) <input type="checkbox"/> 1. American Indian/Alaskan Native <input type="checkbox"/> 2. Asian<br><input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Native Hawaiian or other Pacific Islander <input type="checkbox"/> 5. White |                                                                                                                |                                                                                   |

**\*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: BACKGROUND QUESTIONS:**

| Background Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                          | No                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?</b><br>(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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> 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><br>(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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>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?</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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>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)?</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.)                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?</b><br>(If yes, please attach a letter giving full details and official documentation of the founded complaint.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 the right to apply for such a license; or had any other adverse action taken against such a license? <u>Please note:</u> This includes a reprimand, warning, or reproof and any order denying the right to apply or reapply for a license.</b> (If yes, please attach a letter giving full details and official documentation of the action taken.)                                                                                                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>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? <u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</b> (If yes, please attach a letter giving full details and any official documentation available regarding the matter.)                                                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>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? <u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</b> (If yes, please attach a letter giving full details and any official documentation available regarding the matter.) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.**

|                               |              |
|-------------------------------|--------------|
| <b>Applicant's Signature:</b> | <b>Date:</b> |
|-------------------------------|--------------|

ORIGINAL SIGNATURE REQUIRED

MONTH/DAY/YEAR

The application is continued on the following page. Pages 1 and 2 must include the applicant's signature and date on each page.

A complete application must be submitted.

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

**APPLICATION FOR THE 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<br>City/State | Dates of Employment<br>(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.

**Virginia Department of Education**  
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**APPLICATION FOR THE 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.

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

| NAME OF EMPLOYER | POSITION HELD | LENGTH OF SERVICE<br>(MONTH/YEAR<br>TO<br>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: \_\_\_\_\_

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.

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Applicant's signature

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Date