

**VIRGINIA LICENSURE RENEWAL OPTIONS**

| Option                            | Maximum # of Points  | Point Value Assignment  | Verification  |
|-----------------------------------|--|---|---|
| <b>1. College Credit</b>          | 180  | 1 semester hour = 30 points<br>1 quarter hour = 20 points                       | •Official transcript or official “student ” transcript  |
| Criteria:                         | 1) Must provide new information and be earned at a regionally accredited two-year or four-year college/university. All coursework for renewal must be completed at a regionally accredited college or university. The regional accreditation agencies are: <ul style="list-style-type: none"> <li>• <i>New England Association of Schools and Colleges</i></li> <li>• <i>Middle States Commission on Higher Education</i></li> <li>• <i>The Higher Learning Commission-North Central Association of Colleges and Schools</i></li> <li>• <i>Northwest Commission on Colleges and Universities</i></li> <li>• <i>Southern Association of Colleges and Schools Commission on Colleges</i></li> <li>• <i>Western Association of Schools and Colleges (WASC)</i></li> </ul> 2) Must be taken for credit.<br>3) Must result in a passing grade or “pass” for courses taken on a “pass” or “fail” basis.<br>4) Must be verified by an official transcript submitted to the chief executive officer or designee of the employing educational agency. |   |   |
| <b>2. Professional Conference</b> | 45   | Participation-5 points per day<br>Presentation-15 points per topic presentation | •An invitation, acceptance letter, and thank you letter<br>•Employing educational agency approved leave request<br>•Conference participants list<br>•Certificate of attendance/completion |
| Criteria:                         | 1) Must be <b>4 or more hours in length</b> .<br>2) Must include only time spent in those portions of the conference program that contribute to the participant’s professional knowledge, competence, performance, or effectiveness in education.<br>3) Must have prior approval from the chief executive officer or designee.<br>4) May be local, regional, state, national, or international in scope.   |   |   |
| <b>3. Curriculum Development</b>  | 90   | 1 point per clock hour  | •Employing educational agency’s participant list<br>•Curriculum guide<br>•Committee assignment list   |
| Criteria:                         | 1) Must be a <b>minimum of 5 hours per activity</b> . The 5 hours do not have to be consecutive.<br>2) Must have prior approval from the chief executive officer or designee.<br>3) Must be coordinated by the employing educational agency or other state, national, or international educational agency or organization.   |   |   |
| <b>4. Publication of Article</b>  | 90   | 45 points per narrative, article, or report                                     | •Copy of the published article<br>•Copy of the final grant report<br>•Publisher’s letter of publication date  |
| Criteria:                         | 1) Must be published in a professional journal or a publication sanctioned by the employing educational agency.<br>2) If a grant, must be approved by the employing educational agency.<br>3) Must contribute to the effective practice of the education profession and/or to the body of knowledge of the endorsement area(s).  |   |   |

| Option                                      | Maximum # of Points   | Point Value Assignment          | Verification   |
|---|---|---------------------------------|--|
| <b>5. Publication of Book</b>               | 90  | 90 points per book              | <ul style="list-style-type: none"> <li>•Copy of the published book or book title pages, including the author's (license holder's) name and publishing information</li> <li>•Copyright for the completed work in the field of theatre, fine arts, or music</li> <li>•Copyright for instructional program</li> </ul> |
| Criteria:                                   | <ol style="list-style-type: none"> <li>1) Must be published for purchase.</li> <li>1) Must contribute to the education profession and/or to the body of knowledge of the endorsement area(s).</li> <li>3) In the case of revision, should represent a substantive change of the original text.</li> </ol>   |                                 |  |
| <b>6. Mentorship/Supervision</b>            | 90  | 1 point per clock hour          | <ul style="list-style-type: none"> <li>•Participant list from college/university</li> <li>•Employing educational agency assignment list</li> </ul>   |
| Criteria:                                   | <ol style="list-style-type: none"> <li>1) Must assist an undergraduate or graduate intern, pre-service student teacher/beginning teacher, or beginning administrator.</li> <li>2) Must have prior approval from the chief executive officer or designee.</li> <li>3) Must be in conjunction with an approved teacher/principal preparation program, undergraduate/graduate degree program, or a clinical faculty/mentor program sponsored by the employing educational agency.</li> </ol> |                                 |  |
| <b>7. Educational Project</b>               | 90  | 1 point per clock /contact hour | <ul style="list-style-type: none"> <li>•Acceptance for exchange program from college/university, or business</li> <li>•Written summary/journal of project activities</li> </ul>  |
| Criteria:                                   | <ol style="list-style-type: none"> <li>1) Must be a <b>minimum of 5 hours per activity</b>. The 5 hours do not have to be consecutive.</li> <li>2) Must have prior approval from the chief executive officer or designee.</li> <li>3) Must result in a written report or other tangible product.</li> </ol>   |                                 |  |
| <b>8. Professional Development Activity</b> | 180   | 1 point per clock/contact hour  | <ul style="list-style-type: none"> <li>•Participants list from employing educational agency</li> <li>•Certificate of completion of attendance</li> </ul>   |
| Criteria:                                   | <ol style="list-style-type: none"> <li>1) Must be a <b>minimum of 5 hours per activity</b>. The 5 hours do not have to be consecutive.</li> <li>2) Must have prior approval from the chief executive officer or designee.</li> </ol>  |                                 |  |

**APPLICATION FOR LICENSE RENEWAL**  
**Individualized Renewal Record (All three pages must be submitted.)**

Please submit a complete application with supporting credentials. The renewal fee is \$25. A \$50 fee is assessed for a returned check.

**Part I-INFORMATION**

**PLEASE PRINT OR TYPE**

|  |                              |   |                      |   |
|--|------------------------------|---|----------------------|---|
| <u>Last Name</u>   | <u>First Name</u>            | <u>Middle Name</u>                                      | <u>Date of Birth</u> | <u>License No. or Social Security No.</u> |
| <u>Home Address*</u>   |                              | <u>City</u>   | <u>State</u>         | <u>Zip Code</u>                           |
| <u>Daytime Telephone Number (include area code)</u><br>( )                               |                              | <u>Home Telephone Number (include area code)</u><br>( ) |                      |   |
| <u>Endorsement(s)</u>  | <u>Highest Degree Earned</u> |   | <u>Renewal Year</u>  |   |
| <u>Virginia employing school division or accredited nonpublic school (if applicable)</u> |                              |   |                      |   |

\***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?<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 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?<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 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)?<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 of conviction.)  | ___Yes | ___No |
| Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)?<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 of conviction.)  | ___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 had any other adverse action taken against such a license?<br>(If yes, please attach a statement giving full details and official documentation of the action taken.)  | ___Yes | ___No |
| Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?<br>(If yes, please attach a statement giving full details and official documentation of the founded complaint.)   | ___Yes | ___No |
| 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?<br>(If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)  | ___Yes | ___No |
| 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?<br>(If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.) | ___Yes | ___No |

**Part III-Signature and Verification of Renewal Activities**

BY MY SIGNATURE I CERTIFY THAT THE INFORMATION ON THIS THREE-PAGE APPLICATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN DENIAL, REVOCATION, CANCELLATION, OR SUSPENSION OF THE VIRGINIA LICENSE.

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

**APPLICATION FOR LICENSE RENEWAL**  
**Individualized Renewal Record**  
**(Page 2 of 3)**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ License Number or SSN \_\_\_\_\_

**Part IV-Individualized Renewal Record**

***Summary of Points Earned During the Past Five Years to be Credited Toward Renewal:***

|                       |            |           |           |           |           |           |           |            |                        |
|-----------------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------------------|
| Option Maximum Points | 1<br>(180) | 2<br>(45) | 3<br>(90) | 4<br>(90) | 5<br>(90) | 6<br>(90) | 7<br>(90) | 8<br>(180) | Credit for All Options |
| Total Points          |            |           |           |           |           |           |           |            |                        |

**Required for individuals employed by a Virginia educational agency:**

Division or Accredited Nonpublic School \_\_\_\_\_

Advisor's Name (Please print) \_\_\_\_\_ Title \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

I recommend the renewal of the Virginia license and certify that the above-named license holder completed the listed activities and that these activities comply with Virginia's renewal regulations.

Superintendent's or Designee's Name (Please print) \_\_\_\_\_ Title \_\_\_\_\_

Superintendent's or Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

|   | Verification of Completed Activities |                    |                  |      |
|---|--------------------------------------|--------------------|------------------|------|
|   | Activity Points                      | Applicant Initials | Advisor Initials | Date |
| <b>Option 1: College Credit (180)</b><br>Course No./Title _____ College/Year Taken _____        |                                      |                    |                  |      |
|   |                                      |                    |                  |      |
|   |                                      |                    |                  |      |
| <b>Option 2: Professional Conference (45)</b><br>Conference Name _____ Dates Attended _____     |                                      |                    |                  |      |
|   |                                      |                    |                  |      |
|   |                                      |                    |                  |      |
| <b>Option 3: Curriculum Development (90)</b><br>Title _____ Dates _____                         |                                      |                    |                  |      |
|   |                                      |                    |                  |      |
|   |                                      |                    |                  |      |
| <b>Option 4: Publication of Article (90)</b><br>Title _____ Magazine _____ Date Published _____ |                                      |                    |                  |      |
|   |                                      |                    |                  |      |
|   |                                      |                    |                  |      |

**APPLICATION FOR LICENSE RENEWAL**  
**Individualized Renewal Record**  
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Name: Last First Middle

License Number or SSN

|  |           |                 | Verification of Completed Activities |                    |                  |      |
|--|-----------|-----------------|--------------------------------------|--------------------|------------------|------|
|  |           |                 | Activity Points                      | Applicant Initials | Advisor Initials | Date |
| <b>Option 5: Publication of Book (90)</b>                  |           |                 |                                      |                    |                  |      |
| Title  | Publisher | Date Published  |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |
| <b>Option 6: Mentorship/Supervision (90)</b>               |           |                 |                                      |                    |                  |      |
| Person   |           | Date Supervised |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |
| <b>Option 7: Educational Project (90)</b>                  |           |                 |                                      |                    |                  |      |
| Title  |           | Dates           |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |
| <b>Option 8: Professional Development Activities (180)</b> |           |                 |                                      |                    |                  |      |
| Project/Title  |           | Dates           |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |
|  |           |                 |                                      |                    |                  |      |