

**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 PROGRAM FOR CAREER PROFESSIONS**

**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 Career Switcher Program. The requirements must be completed prior to applying for a Career Switcher Program.

- complete application process;
- have an earned bachelor’s degree;
- must have completed five years of full-time work experience or its equivalent;
- meet teaching area requirements or equivalent [Refer to the Licensure Regulations for School Personnel on the following Web address: <http://www.pen.k12.va.us/VDOE/Compliance/TeacherED/nulicvr.pdf>]
- satisfy Virginia’s cut scores on the (1) Virginia Communication and Literacy Assessment (VCLA); (2) Praxis II (subject area test); and (3) Virginia Reading Assessment (if applicable).

**STEP 2 -**        **Application Form:** Complete all areas as indicated. This application is for the Career Switcher Program for individuals who wish to teach. Please indicate on the application form the location for which you are applying and the area in that you plan to teach. Special education teacher preparation is not available in this program.

**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 five years of work experience, or its equivalent.

**STEP 4 -**        **Professional Teacher’s Assessment Scores:** If you have taken the VCLA, Praxis II, (and the VRA, 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 assessment requirements: <http://www.doe.virginia.gov/VDOE/newvdoe/praxis.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 (bearing the registrar’s signature and embossed seal) that have been issued to students are acceptable. Placement records sent from colleges and photocopies of transcripts will not be accepted or returned.

**STEP 6 -**        **Send your Application Directly to the Certified Program Provider:** Please send your application for the Career Switcher Program directly to the Certified Program Provider. You may review the list of program providers on the following Web site: <http://www.doe.virginia.gov/VDOE/newvdoe/CareerSwitcher/>. The Certified Program Provider will submit your application 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 of the Career Switcher Program, your application for a Provisional License will be submitted to the Virginia Department of Education by the Certified Program Provider. This application must be accompanied by your application fee for the license. The in-state fee is \$50, and the out-of-state fee is \$75. 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 PROGRAM PROVIDER.** Checks returned for any reason are subject to a \$25 returned check fee and collection action.

## 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 \_\_\_\_\_

## REPORT ON EXPERIENCE

**DIRECTIONS:** A total of five years of full-time 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: \_\_\_\_\_

Total years of part-time work experience: \_\_\_\_\_

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

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_