



COLLEGE VERIFICATION FORM

The primary purpose of this form is to determine whether an applicant for licensure has completed a state-approved preparation program at the graduate or undergraduate level. In these cases, the form must be completed by the appropriate certification/licensure official of the college/university where the program has been completed. In the cases where the candidate has not completed a preparation program, this form may be signed by the official designated by the president of the college/university from which the individual received his/her most recent degree. The completed form must be submitted to this office by the applicant along with other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

PART I

Social Security Number:		Date of Birth : (Month/Day/Year)	
Last Name	First Name	Middle Name	Suffix (Jr., Sr., III.)
Address (Street, City, State, Zip Code)			
Name of Institution			
Degree and Date of Conferral			

PART II : Please identify the endorsement area if a state-approved teacher preparation program was completed.

_____ **YES** The applicant satisfactorily completed a state-approved teacher preparation program with endorsement(s) (teaching areas, administration and supervision, or pupil personnel services) in the following:

_____ **NO** The applicant did not complete a state-approved teacher preparation program.

PART III: Student Teaching, Internship, and/or Practicum Experience:

Course Title: _____ Course Number: _____

Semester Hours: _____ Clock Hours: _____

A. High school grades(s), subjects(s) _____ (Do not include special education experience here - use line C)

B. Elementary grade(s): _____ (Do not include special education experience here - use line C)

C. Specific special education area(s)* and grade level(s) _____

*Virginia has the following eight separate areas of endorsement in special education: Early Childhood Special Education, Emotional Disturbance, Hearing Impairment, Mental Retardation, Severe Disabilities, Specific Learning Disabilities, Speech/Language Disorders, and Visual Impairment. Please specify the exact nature of the exceptional child (children) included in the student teaching/practicum experience.

Special subject areas(s) (i.e., Art Music, P.E.): _____ Grade level(s): _____

Requisite to compliance with the licensure regulations established by the Virginia Board of Education are the following conditions: the applicant must be at least 18 years of age and must possess good moral character. I certify on the basis of my information and belief that the applicant possesses good moral character. I also certify that if the applicant is a graduate of a Virginia approved teacher preparation program that proficiency in the eight Educational Technology Standards for Instructional Personnel has been demonstrated.

DATE _____ SIGNATURE _____

NAME _____

TITLE: _____