

Licensure Request

To request action on your Virginia teacher's license, please complete the information below and return it to the Human Resources Office.

Name:	Emplo	yee ID #:	Date:
Address:			
School/Location:	Conten	t:	
Licensure Request Type (Cl	neck those that apply)		
First Time License App	dication (\$100 or \$150)		
List Endorsement(s)	Seeking:		
Add a Degree to License	e: (\$25) Master's	Educational Specialist	Doctorate
Add endorsement to a	10-year license on the Lice	ense: (\$50 for each endorsemer	nt)
List Endorsement(s)	Seeking:		
Other			
100	-	ter/evaluation, register for ar	
The following actions requir	re no fee:		
Name Change (New Na	me)		
Address Change (New A	Address)		
Change Statement of E	ligibility or Provisional to To	en-Year License <mark>(a license ap</mark> j	plication is required)
Update Pay to Master's	Degree Update Pay to I	Master's +30 (transcripts with	<mark>conferred degree required</mark>)
cashier's check, or money of	order. Make check or mo	nust be accompanied by a clear order payable to the: OE website and provide the	Treasurer of Virginia.
Enclosed amount \$	Check/Money Order #	VDOE Pay No	w receipt #

The Newport News School Division does not discriminate based on race, color, national origin, sex, creed, marital status, age, or disability in its programs, activities, or employment practices as required by Title VI, Title VII, Title IX, Section 504, and ADA regulations. Employee Relations Supervisor, Human Resources, at 12507 Warwick Boulevard, Newport News, VA 23606 (757) 881-5061, coordinates the division's efforts to meet its obligations under Section 504, Title IX, the ADA, and their implementing regulations.