

Initial Educator License

Application and Instruction Book

Revised May 2014

Contacting the Licensing Office:

E-mail: AOE.LicensingInfo@state.vt.us

Write to: Office of Educator Licensing
Vermont Agency of Education
219 North Main St. Suite 402
Barre, Vermont 05641

Web page: education.vermont.gov/licensing

Call the Licensing Help Line:

Telephone: (802) 479-1700

Fax: (802) 479-4313

Monday through Friday

8:00 AM – 4:15 PM



Office of Licensing and Professional Standards
219 North Main Street Suite 402
Barre, VT 05641

Dear Educator:

Thank you for contacting the Office of Educator Licensing. We hope you find the enclosed information useful. Please read all of the information in this packet. It contains important information to guide you through the licensing process.

Please keep in mind:

To confirm that your application has been received, include a stamped and self-addressed postcard with your application. It will be date-stamped to verify receipt and returned to you.

License applications are reviewed in date order received and take 8-12 weeks to process, if all information is included and all qualifications met. Incomplete applications may take longer.

Licensing staff cannot make a determination over the phone or give you any information about your application until it has been reviewed.

When your file has been reviewed by a Licensing Specialist, s/he will send you a 'Determination Letter'. This will notify you of any missing materials or further steps that you may need to take to complete the licensing process.

When your application is complete, and a Licensing Specialist has determined that you have met all of the licensing requirements, your license will be printed and mailed to you. Licensing Staff will not inform you of decisions over the phone.

Applications are kept on file for six months

All unmet requirements listed in your "Determination Letter" must be completed within six months of receipt of the letter. After six months your file will be closed and you will need to re-submit the entire application. If you are in the process of fulfilling a requirement, it may be possible to extend the time.

It is **your responsibility** to notify the Office of Educator Licensing of any **name and address changes**. Correspondence and renewal information will be sent to the last address on file at the Office of Educator Licensing.

Include an **email address that you check at least weekly throughout the year**. This will be used to clarify information on your application.

General Licensing Information

You must have completed one of the two routes to licensure.

1. Traditional Route to Licensure

The traditional route requires:

- Completion of a state approved educator preparation program at a college or university through a bachelor, post-baccalaureate or master's degree program, **and** recommendation for licensing from the institution. (*If we need clarification on your recommendation for licensure, we will contact the institution.*)

OR

- Meeting requirements under the rules of reciprocity per the NASDTEC Interstate Agreement.

If you qualify for the Traditional Route, you must complete and submit an "Application for Initial Vermont Educator License". All candidates who apply through the Traditional Route must also meet other licensing requirements which may include testing, fingerprinting, etc.

Reciprocity

Vermont currently has Educator reciprocity with all states. For more about reciprocity and a list of those states with whom Vermont has Administrator reciprocity see:

<http://education.vermont.gov/licensing/application/reciprocity>.

Foreign Education

Candidates who have been educated in a foreign country must demonstrate they meet the equivalent degree requirements specified in the endorsement competencies. See http://education.vermont.gov/documents/educ_licensing_initial_foreign_credentials.pdf for more information.

2. Alternative Route to Licensure: Peer Review

Peer Review is for those who have a baccalaureate degree, **but have not** completed a traditional educator preparation program at a college or university. It is for individuals who have acquired the knowledge and skills needed to meet the 16 *Principles for Vermont Educators* and the *endorsement competencies and requirements* through coursework and life experience.

If you would like more information on the Peer Review process call the Peer Review Assistant at (802)479-1700. More information and the "Peer Review Handbook" are available by visiting, <http://education.vermont.gov/new/html/licensing/alternate.html>

*If you do not meet the qualifications for one of these routes, you are **not** eligible for licensure in Vermont.* See <http://education.vermont.gov/licensing/alternate-route/> or contact the Office of Educator Licensing for more information.

All applicants for Vermont educator licensure must complete an Educational Criminal Record Check via fingerprinting.

If you have student taught / taught under a Provisional, Emergency or Apprenticeship license:

The supervisory union will have obtained a criminal record report. Sign the Authorization to Release Criminal Record Report and follow the Authorization to Release directions.

If you are an educator applying for your first Vermont educator license:

You must include with your application:

1. Your notarized **Request for Criminal Record Check** form
2. The **Fingerprint Authorization Certificate** – ‘Applicant’ section completed
3. **\$16.50 fee** payable to the **Vermont Department of Public Safety**.

Follow the Fingerprint Authorization Certificate Instructions.

How to have your fingerprints taken

In Vermont you can have your fingerprints taken by **LIVESCAN Electronic Fingerprinting**. For the location of the centers and more information see:

http://education.vermont.gov/documents/educ_licensing_vcic_brochure.pdf.

Only LIVESCANs done in Vermont can be used. If you do not live in or near Vermont or if you do not wish to use LIVESCAN, you will need to have your fingerprints taken on a **FD-258 Federal Applicant Fingerprint Card**. It is your responsibility to find a law enforcement agency in your area that is willing to provide this service. You will need to take the validated “Fingerprint Authorization Certificate” and instructions with you no matter where you have your fingerprints taken.

If you are living in a foreign country, you may have your fingerprints taken at the U.S. Embassy or Consulate. If that is not possible, the local police may be able to take them. The fingerprints must be on an **FD-258** card.

If either the Vermont Criminal Information Center (VCIC) or FBI rejects your fingerprints because they cannot be read, you will need to have your fingerprints retaken. It can take as long as three months to process a criminal record check **once a good set is received by VCIC**.

No license can be issued until a Criminal Record Check Report is received by the Office of Educator Licensing.

If VCIC or the FBI discover that an applicant has a criminal record, VCIC will send the record to the requesting agency (Department of Education or Supervisory Union) for review and investigation. A criminal record does not necessarily preclude a person from licensure.

INITIAL EDUCATOR LICENSE APPLICATION CHECKLIST

Checklist: A Complete Application Includes All Of These Items.

- APPLICATION FOR VERMONT INITIAL EDUCATOR LICENSE** Completed and signed.
- OATH** (*notarized*)
- MANDATORY "GOOD STANDING" DECLARATION FORM** *You must complete all sections and sign the statement even if you do not have children and/or do not pay child support, do not owe taxes to the State of Vermont, were never an employer or subject to any fines or fees.*
- CONSENT FOR RELEASE OF REGISTRY INFORMATION FORM.** Completed and signed.
- CURRENT RESUME**
- OFFICIAL DOCUMENTATION** on School Letterhead, of educational employment (only if you are requesting reciprocity based on experience).
- SCORES FOR REQUIRED PRAXIS I AND PRAXIS II (CONTENT) TESTS MUST BE SENT DIRECTLY FROM EDUCATIONAL TESTING SERVICE TO THE LICENSING OFFICE. You must complete all testing prior to application.**
- OFFICIAL TRANSCRIPTS** Your application must contain official transcripts in unopened envelopes sealed by the university or college. Request official transcripts in sealed envelopes from your college or university. **Do not open these transcripts at home. Application packets received with opened transcript envelopes will be returned to the applicant. Include transcripts from all colleges you have attended.**
- CHECK OR MONEY ORDER FOR \$160.00** (Level I review and licensing fee) made out to the Vermont AOE - Licensing Office)
- Copy of out-of-state educator license (Submit educator licenses from other states if applicable)**
- Copy of VT RN license CPR & First Aid Certificates** (for School Nurse and Associate School Nurse)
- Copy of mental health or MSW licenses** (for School Social Worker)
- Valid Driver's License** (for Driver's Education only)
- CRIMINAL RECORD CHECK REQUIREMENTS:** See separate Criminal Record Check Packet available at: http://education.vermont.gov/documents/EDU-Licensing_Criminal_Record_Check_Packet.pdf.



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Application for Initial Vermont Educator License

Please type or print clearly. This application will become a permanent document in your file.
You will receive a written response when your application has been reviewed.
Processing time: 8-10 weeks

1. Social Security Number: 2. Date of Birth: ____/____/____

3. Name: _____
Last First MI

4. Maiden or previous name(s) _____

5. Mailing Address:

Street/PO Box City/Town State ZIP

6. Sex: F M 7. Phone: () _____ 8. E-mail: _____

9. What endorsement(s), are you applying for? (Refer to the [VT Approved Educator Endorsement Codes](#))
Endorsement(s)

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10. Have you ever held a Vermont professional educator's license? Yes No

If yes, what year did it expire? _____

Under what name were you licensed in VT _____

11. Have you received a contract offer in Vermont? Yes No

If yes, indicate Year ____ - ____ School District _____ School _____

Position _____ Starting date _____

For Department Use Only

Lic. Type	Effective Mo/day	Effective Yr	EXPIRES MO/DAY	EXPIRES YR	1	2	3	4	5	6
Level I										
Level II										

12. EDUCATION: The Licensing Office must receive original, sealed transcripts confirming all college and university study.

Photocopies of transcripts are not acceptable.

College/University, City/State	Dates Attended	Degree Awarded	Major

13. LICENSING RECOMMENDATION: Check all applicable statements.

- I completed a state-approved teacher preparation program at a college/university and received a recommendation for educator licensure at the time of graduation.
- I completed an alternative licensing program in another state which was **not** part of my college degree program.
- I received a recommendation for licensure through the Vermont Peer Review process.

14. LICENSES OR CERTIFICATES CURRENTLY HELD. Copy both sides of the document. *(List most recent first.)*

Title of License or Certificate	State	Expiration Date	Subject/Endorsement Area	Grade Level

15. Education Employment Record *(List most recent first. Include months and year, e.g., 9-05 – 6-07.)*

Dates	State	School	Subject	Grade	% of Time

Number of years public school experience: ____ **Number of years private school experience:** ____

16. Each question below must be answered.

*If the answer to any of the questions "A" through "H" is "yes", you must attach a complete explanation. A "yes" answer to any of those questions is not an automatic denial of licensure. The circumstances will be investigated and reviewed. If you have previously reported the same incident to the Department of Education, please indicate so. **Question "I" must be answered with a yes.***

	Yes	No	
A.			Have you ever been convicted of a felony or misdemeanor? If yes, please provide a written explanation and specify the court that issued the conviction. Please note that a plea of <i>nolo contendere</i> counts as a conviction of a criminal offense.
B.			Do you have any pending criminal charges? If yes, please provide a written explanation and specify the court that has jurisdiction of the charges.
C.			Have you ever had an adverse action taken against any application, certificate, or professional license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, or cancellation.
D.			Have you ever voluntarily surrendered a professional license or certificate or withdrawn an application for a professional license or certificate?
E.			Is there any adverse action now pending against you in any state by any professional licensing agency or have you been notified of any ongoing or potential investigation or inquiry regarding any professional license?
F.			Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct or incompetence?
G.			Have you ever been disciplined, reprimanded, suspended, removed or discharged from employment or student teaching because of allegations of misconduct or incompetence?
H.			Are you now, or have you ever been, required to register as a sex offender in any jurisdiction of the United States, including any state, territory, commonwealth, the District of Columbia, or military, federal, or tribal jurisdiction?
I.	YES		I acknowledge that the Department of Education may receive updates to my criminal conviction record via VCIC's subscription service and may use this information to verify my answers to the above questions. I understand that this information will be used for reviewing my suitability for licensure. I further understand that within 30 days of receiving the results of the record check or update, I have the right to appeal the findings in writing to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101.

Certification and Signature

I certify that the information provided on this application and in supporting documents and attachments is true and complete. I am aware that any falsification, misrepresentation, or misstatement of material information may be cause for a licensing action pursuant to 16 V.S.A § 1698 (1) (F).

Signature _____ Date _____

This form must be
NOTARIZED



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219 North Main Street, Suite 402
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(802) 479-1700

Oath or Affirmation

- I do solemnly swear (or affirm) that I will support the Constitution of the United States and the State of Vermont and the Laws of the United States and of the State of Vermont.

Signature Date

- I am a citizen of a foreign country. Under Title 16 § 12, I am not required to sign this Oath.

Signature Date

To be valid this must be completed by a notary public.

Subscribed and sworn or affirmed before me this ____ day of _____, 20____.

Signature

Title

Mandatory “Good Standing” Declarations

Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3113b, 21 V.S.A. § 1378b and 4 V.S.A. § 1110c you are required to answer the following:

Child Support

You **MUST** check one:

- I am not subject to a child support order; or
- I am subject to a child support order and I am in good standing or in full compliance; or
- I am **not** in good standing or in full compliance.

Taxes

You **MUST** check one:

- I am in good standing in regards to my Vermont Taxes (all returns are filed and paid); or
- I have never lived or worked in Vermont and do not owe Vermont taxes; or
- The liability for any Vermont taxes due and payable is on appeal; or
- I am in compliance with a payment plan approved by Vermont Department of Taxes; or
- I **not** in good standing in regards to my Vermont taxes.

Unemployment Compensation

You **MUST** check one:

- This does not apply to me because I have never been an employer in Vermont; or
- No contributions or payments in lieu of contributions are due and payable; or
- The liability for any contributions or payments due and payable is on appeal; or
- I am in compliance with a payment plan approved by the commissioner; or
- I am not in good standing in regards to unemployment compensation.

District Court Fines / Judicial Bureau Fines

You **MUST** check one:

- I do not have any unpaid judgments; or
- I am in good standing with respect to any unpaid judgments; or
- I am not in good standing in regards to unpaid District Court or Judicial Bureau fines.

Social Security # _____ * Date of Birth _____/_____/19_____

* The disclosure of your social security number is mandatory; it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used in the administration of Vermont law. Your Social Security Number Is Not Subject to Disclosure in a Public Records Request.

Statement of Applicant

I certify that the information stated by me in this application is true and accurate to the best of my knowledge, and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification status.

Signature of Applicant

Date



219 North Main Street | Suite 402 | Barre, VT 05641
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CONSENT FOR RELEASE OF REGISTRY INFORMATION

Please mail completed form to:
Vermont Agency of Education
Office of Licensing and Professional Standards
219 North Main Street Suite 402
Barre, VT 05641

This consent form must be filled out completely and signed by the applicant or licensee and will be kept on file at the Agency of Education. The Agency of Human Services reserves the right to audit these consent forms at any time.

APPLICANT OR LICENSEE INFORMATION Please print clearly

Full Name: _____ Gender: _____
LAST FIRST MIDDLE INITIAL M / F

Address: _____
STREET ADDRESS

CITY STATE ZIP

Last four digits of social security number: XXX-XX- _____ Date of Birth: _____
Month Day Year

Telephone Number: (_____) _____ Place of Birth: _____
Area Code CITY, STATE, COUNTRY

Other FIRST names I have used, if any (i.e. Nicknames, Aliases):

Other LAST names I have used, if any (i.e. Maiden Names, Aliases):

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to the **Vermont Agency of Education**.

Applicant or Licensee Signature: _____ Date: _____