

*Virginia Department of Education*  
*Division of Teacher Education and Licensure*  
*P. O. Box 2120*  
*Richmond, VA 23218-2120*

**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 undergraduate or graduate 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. 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. **[Note: Part IV is to be completed by Virginia colleges/universities only.]**

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 Earned	Date of Degree Conferral	

**PART II: Please circle the appropriate response:**

**YES    NO    By my signature, I certify that the applicant satisfactorily completed a state-approved preparation program and completed endorsements (teaching areas, administration and supervision, or pupil personnel services) in the following areas:**  
**ENDORSEMENTS:** \_\_\_\_\_

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

**Course Title:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_ **Clock Hours:** \_\_\_\_\_

- A. High School grade (s): \_\_\_\_\_ (Do not include special education experience—use line C)
- B. Elementary grade (s): \_\_\_\_\_ (Do not include special education experience—use line C)
- C. Specific special education area(s)\* and grade level (s) \_\_\_\_\_  
 \*Please specify the exact nature of the exceptional child (children) included in the student teaching/practicum experience.
- D. Special subject area(s) (e.g., Art, Music, P.E.): \_\_\_\_\_ Grade level (s): \_\_\_\_\_

**PART IV: To be completed by Virginia colleges and universities only:**

**If I am signing as a Virginia college or university representative, my signature below certifies that the individual has met the following requirements checked below:**  
 \_\_\_\_\_ child abuse and neglect recognition and intervention training and technology standards for instructional personnel; and  
 \_\_\_\_\_ certification or training in emergency first aid, CPR, and the use of automated external defibrillators.

**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. By my signature, I certify on the basis of my information and belief that the applicant possesses good moral character.**

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

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

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

INSTITUTION: \_\_\_\_\_