IN-STATE - Initial License Application

F-1

Complete this form if you have completed an approved education program at an Institution of Higher Education located in the District of Columbia that leads to licensure as a: Teacher, School Service Provider and/or School Administrator.

Applicant Last Name	Applicant First Name	M.I.	SSN
			_____/_____/_____

Maiden name(s) or other names used	Date of Birth	Gender
	_____/_____/_____	Male ☐ Female ☐

Street Address	City and State	Zip code	Daytime:
			Evening:

APPLICANT PERSONAL BACKGROUND INFORMATION (All questions must be answered. Incomplete answers will cause application to be returned to sender unprocessed.)

1. Have you been charged or convicted of a felony or ANY crime involving dishonesty, a controlled substance, or any crime involving children, or been dismissed from any position because of immoral or unprofessional conduct? ___ No ___ Yes
   If yes, are criminal charges pending against you in any state involving any of the offenses described? ___ No ___ Yes
   (If you answered yes to any of these questions, you must attach a certified copy of the court record(s) and final decision for each charge against you. Failure to submit this documentation shall result in the denial, suspension and/or revocation of your application and/or license.)

2. Have you ever had any type of instructor, service provider or administrator's license denied, suspended, or revoked in any state? ___ No ___ Yes
   If yes, please check the space in front of the action taken: ____ DENIED ____ SUSPENDED ____ REVOKED.
   Which State? _____ Please attach a copy of the documents regarding the official action taken.

3. Is any disciplinary action pending against you in any state regarding an instructor, service provider or administrator's license? ___ No ___Yes
   If yes, you must attach a certified copy of all applicable documentation regarding the matter.

APPLICANT EDUCATIONAL INFORMATION (List information for institution(s) where you earned a conferred degree or completed applicable educational coursework.)

Institution Name	City / State	Type of degree earned (e.g. BA, BS, MS)	Degree / Program Major	Date degree conferred or Program completed

APPLICANT VERIFICATION AND EDUCATIONAL INFORMATION RELEASE AUTHORIZATION

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in the denial or revocation of my license/certificate. I hereby give my institution(s) permission to release any and all information required to complete an analysis of my educational preparation.

_____
Applicant signature Date

UNIVERSITY VERIFICATION: This section may only be completed by the Certification Officer in the School of Education at the institution where the education program was completed. Once completed the certification officer will forward this application bearing all required signature(s) and stamps to this office on the applicant's behalf for processing.

1) Please check the box next to the approved program that the applicant named on this form completed at your institution:

Early – Middle Grades Education	Secondary Education (7-12)		Arts	Special Education (K-12)
☐ Early Childhood Education (PreK-3)	☐ Biology	☐ Business	☐ Art (K-12)	☐ Non-Categorical or General
☐ Early Childhood Special Ed (PreK-3)	☐ Chemistry	☐ Mathematics	☐ Instrumental Music (K-12)	☐ Categorical: _____ (e.g. MR, LD, HI, VI, etc.)
☐ Elementary Education (1-6)	☐ General Science	☐ Social Studies	☐ Vocal Music (K-12)	☐ Bilingual Special Education
☐ Middle Grades Education (4-8)	☐ Physics	☐ English	☐ Other: _____	
☐ Other: _____	☐ Other: _____	_____		

Literacy, Languages, and Language Acquisition	Health Education and Service Providers	School Administrator	Date program(s) was completed by applicant named on this form
☐ Reading	☐ Health and Physical Education (K-12)	☐ Educational Administration (K-12)	1) _____/_____/_____
☐ English as a 2nd Language	☐ School Counselor (K-12)		
☐ Bilingual Education	☐ School Social Worker (K-12)		2) _____/_____/_____
☐ French	☐ School Psychologist (K-12)		
☐ Spanish	☐ School Librarian/Media Specialist (K-12)		3) _____/_____/_____
☐ Other: _____			

2) Please indicate the score received by the applicant named on this form for the applicable licensure exam(s) required by the District of Columbia:

PRAXIS I – PRE PROFESSIONAL SKILLS TEST (PPST)

Praxis I Test Name CBT or PPST accepted	Test Code	Score achieved
Reading	0710	
Writing	0720	
Mathematics	0730	

PRAXIS II SUBJECT ASSESSMENT / NTE SPECIALTY AREA CONTENT EXAMS

Biology	Score received	Chemistry	Score received	Early Childhood	Score received	Elementary	Score received
20235		20245		10021		10014	
30234		30483				20012	

English	Score received	ESL	Score received	French	Score received	General Science	Score received
10041		20360		20173		10435	
30043				10171		30438	

Mathematics	Score received	Social Studies	Score received	Spanish	Score received	Special Education	Score received
10061		10081		10191		20353	
20063		30084		20192			
20065				30194			

SCHOOL LEADERSHIP SERIES

Test Name	Test Code	Score achieved
School Leaders Licensure Assessment (SLLA)	11010	

***The license exams completed by the applicant MUST correspond to the license exam codes required by the District of Columbia. No exam(s) may be substituted by another exam or an exam with a different test code under any circumstances.**

Certifying Official's Attestation and Signature	YES	NO
A. I verify that the educational information listed by the applicant named on this form matches our university records. I also verify that this applicant has successfully completed all requirements of our recognized state approved education program(s) and has achieved qualifying scores for the areas indicated above and may be recommended for state licensure in the respective licensure area(s).		

B. The applicant named on this form DID NOT complete all requirements of our approved program and is not recommended for licensure at this time because:

_____

_____

Name and Seal of Institution	Certifying Official Signature	Date	Contact number
CATHOLIC UNIVERSITY	_____ Dr. Agnes Ragy-Nado		202.319.5801

Note: Please make sure that you indicated the "completion date" on which the applicant completed their approved program. This section is found in the shaded portion of part 1 in the university verification section. Also, please remember that this office accepts money orders or cashier's checks only. NO PERSONAL CHECKS OR CASH. The fess must be made payable to: D.C. Treasurer. Payments directed to any other entity will cause the application to be returned to your institution unprocessed. A fee is required for <u>each</u> license being sought.

OFFICE USE ONLY

Money Order #	Amount rec'd	Date rec'd	Rec'd by	Evaluator

Subject 1	Result	Type	Eff. Date	Subject 2	Result	Type	Eff. Date