

**APPLICATION FOR OCCUPATIONAL and EXPERIENCE-BASED LICENSURE****Part I – Applicant Information**

Last Name	First Name	M.I.	SSN
			____-____-____
Maiden or other names used	Date of Birth	Gender	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Street Address	City and State		Zip code
Daytime phone number	Evening phone number	Email address	

Part II – Applicant Background Information (This section must be fully completed, incomplete applications will be returned to sender unprocessed.)

1. Have you ever been charged or convicted of a felony or ANY crime involving children, dishonesty, or a controlled substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever had any type of instructor, service provider or administrator license denied, suspended, or revoked by any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, which State/Jurisdiction: _____, and what action was taken: <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied	
3. Is any disciplinary action pending against you in any state or jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been dismissed from any position due to immoral or unprofessional conduct?	<input type="checkbox"/> YES <input type="checkbox"/> NO

*If you answered 'YES' to any of these questions, you must attach a letter of explanation and copy of the official court and/or hearing proceeding documents indicating judgment and disposition of each offense from the presiding court or judicial office or entity. Failure to submit the requested documentation shall cause your application to be denied.

Part III – Applicant Education Information

Name of Institution Attended	State	Type of degree earned	Degree date (mo/yr)	Name of Degree or Program completed	
Name of Professional, Trade or Vocational school attended	State	Did you complete the program?	Did you earn a certificate or diploma?	Area of Specialization	# of training hours completed

Applicants seeking Military Science and Tactics licensure, please complete the following:

U.S. MILITARY OR NAVAL SERVICE			
Branch of Service	Rank achieved at retirement	Total Years Served	Date of Retirement

Have you received an approval letter from the Secretary of the Branch of the Service in which you are applying to teach? ☐ YES ☐ NO
(Please submit the approval letter with this application when filing for licensure.)

List the subject area of the license(s) you are seeking with this application. (A fee is required for each evaluation request.)

1)	2)
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Part IV – Applicant Experience Information

List any special skills or competencies you possess that are applicable to the license(s) being sought:

PROFESSIONAL / OCCUPATIONAL EXPERIENCE (List applicable work experience completed since graduation from the training program in the licensure area being sought.)						
Name of Company	Location (city/state)	Title of Position (Self-employed, apprentice, master operator, etc.)	Start Date (mo/yr)	End Date (mo/yr)	Employment Type	
					Full-time	Part-time

OCCUPATIONAL/PROFESSIONAL LICENSES (List all licenses you hold or held in the field of the license you are seeking)			
License Type	Issue / Expiration Date (Month/Year)	Issuing Jurisdiction	License Number

Part V – Applicant Consent and Affirmation

☐ By checking this box, I hereby authorize OSSE to share or obtain any information regarding this application with a previous, current, potential employer, or other licensing entity for use in this application process.

By my signature, I certify that the information listed on this form is accurate, complete and true. I understand that any finding of misrepresentation may result in the denial and/or revocation of my application and/or license/certificate.

Applicant Signature

Date

FOR OFFICE USE ONLY

Money Order #	Amount	Date received	Received by
Subject	Result	Effective Date	Evaluator
1)			
2)			

Application Packet Documentation Checklist

You must submit the following to have a complete application packet:

- ☐ Fully completed application form bearing all original signature(s).
- ☐ Application processing fee of \$50.00 in the form of a money order or cashier's check for each subject area evaluation being requested. Fee(s) must be made payable to: DC Treasurer. **NO PERSONAL CHECKS OR CASH ARE ACCEPTED!!!**

Application processing fee(s) are NON-REFUNDABLE, even if the final determination of the application does not result in the issuance of a license.

- ☐ Where applicable, official transcripts or student issued transcripts sealed in a university or college envelope from ALL institutions where a degree was earned and where applicable coursework has been completed.
- ☐ Official seal-bearing transcripts, certificates and/or diplomas from all institution/school(s) where applicable occupational, trade, performing arts, etc. preparation was completed. (Arrangements can be made for original certificates or diplomas to be returned to applicant upon verification. However, official transcripts from higher education institutions will not be returned.)

Photocopies of transcripts, grade reports or unofficial transcripts will not be accepted.

- ☐ Official documentation (e.g. notarized or certified copy of tax records, employment verification with job descriptions and responsibilities, etc.) verifying professional work experience in the field of the endorsement certificate being sought.
- ☐ An official copy of your arrest and criminal history record that has been issued within the previous 12 months.

Please note that current employees of DC Public Schools (DCPS) and those being hired by DCPS (who have completed the fingerprinting process) may obtain clearance records from the DCPS Office of Human Resources.

Otherwise, please visit our website for instructions regarding Criminal Background Procedures for All Applicants.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER UNPROCESSED.

Return complete application packets to:
OSSE – Division of Elementary and Secondary Education
Educator Licensure and Accreditation
810 First Street, NE 5th Floor / Washington, DC 20002
Questions? Please contact: educator.licensurehelp@dc.gov

PLEASE NOTE THAT THIS OFFICE CANNOT MAKE COPIES OF ORIGINAL DOCUMENTATION SUBMITTED WITH YOUR APPLICATION. YOU MUST REQUEST ADDITIONAL TRANSCRIPTS, TEST SCORE REPORTS OR OTHER OFFICIAL DOCUMENTS FROM THE ISSUING ENTITY AND/OR MAKE COPIES PRIOR TO SUBMITTING AN APPLICATION PACKET.