



# DEPARTMENT OF EDUCATION

Townsend Building

401 Federal Street Suite 2

Dover, Delaware 19901-3639

<http://www.doe.k12.de.us>

Mark A. Holodick, Ed.D.

Secretary of Education

Voice: (302) 735-4000

## APPLICATION FOR LICENSURE FOR INTERNATIONAL APPLICANTS CURRENTLY RESIDING OUTSIDE OF THE UNITED STATES ONLY

Instructions: Please complete the following information and submit this form, signed, to your hiring district or charter school.

### PART I – DEMOGRAPHICS

Fill in your responses in the spaces provided.

|   |  |                        |                   |
|---|--|------------------------|-------------------|
| <b>Name</b>                                 | <b>Last Name</b>                           | <b>Middle Name</b>     | <b>First Name</b> |
| <b>Maiden name</b>                          | <b>Phone #</b>                             | <b>Date of Birth</b>   |                   |
| <b>Current Mailing Address</b>              |  |                        |                   |
| <b>Country</b>                              | <b>Postal Code</b>                         |                        |                   |
| <b>U.S. Mailing Address</b>                 | <b>U.S. Zip Code</b>                       |                        |                   |
| <b>DEEDS State ID #</b>                     | <b>VISA #</b>                              |                        |                   |
| <b>Passport #</b>                           | <b>Passport Country</b>                    |                        |                   |
| <b>Social Security #</b>                    | <b>Email Address</b>                       |                        |                   |
| <b>Employing District or Charter School</b> | <b>Name of District or Charter contact</b> | <b>Contact Phone #</b> |                   |

### PART II – PREVIOUS SCHOOL EMPLOYMENT

Circle or fill in your responses.

|  |            |           |                   |
|--|------------|-----------|-------------------|
| <b>Have you ever been employed in the public schools in the United States?</b>         | <b>Yes</b> | <b>No</b> | <b>U.S. State</b> |
| <b>Do you hold current valid teaching credentials for that state</b>                   | <b>Yes</b> | <b>No</b> |                   |
| <b>If YES, in what content area(s)?</b>  |            |           |                   |
| <b>How many years were you employed in that state?</b>                                 |            |           |                   |
| <b>Have you ever been employed in the public schools in Delaware?</b>                  | <b>Yes</b> | <b>No</b> |                   |
| <b>Have you ever been convicted of any crime (excluding minor traffic violations)?</b> | <b>Yes</b> | <b>No</b> |                   |
| <b>If YES, please provide details:</b>   |            |           |                   |

### PART III – ASSESSMENTS

Circle or fill in your responses.

|  |                    |                        |
|--|--------------------|------------------------|
| <b>Have you taken any Educational Testing Services (ETS) content assessment, Praxis II or ACTFL, for your desired certification area?</b>  | <b>Yes</b>         | <b>No</b>              |
| <b>If YES, please list test number, test name, date, score. Submit a copy of the test scores to your Delaware employing district or charter school's Human Resources representative.</b> |                    |                        |
| <b>Test Name</b>   | <b>Test Number</b> | <b>Date of Testing</b> |
|  |                    |                        |
|  |                    |                        |
|  |                    |                        |
|  |                    |                        |

Last Updated 9/29/23



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### PART IV – STUDENT TEACHING

*Circle or fill in your responses.*

|   |            |                        |  |
|---|------------|------------------------|--|
| <b>Was Student Teaching completed as a part of a degree earning Educator Preparation Program?</b> | <b>Yes</b> | <b>No</b>              |  |
| <b>Does this appear on your transcript and transcript evaluation?</b>                             | <b>Yes</b> | <b>No</b>              |  |
| <b>If not listed as Student Teaching, what is the course called?</b>                              |            |                        |  |
| <b>Student Teaching Grade Level(s)</b>  |            | <b>Subject Area(s)</b> |  |

### PART V – DESIRED CERTIFICATION

*Circle or fill in your responses.*

|   |            |                |            |                 |
|---|------------|----------------|------------|-----------------|
| <b>In what subject/field do you wish to be certified?</b>   | Teaching   | Administrative | Specialist | Other           |
| <b>At which level are you seeking certification?</b>        | Elementary | Middle         | Secondary  | Early Childhood |
| <b>In which content area are you seeking certification?</b> |            |                |            |                 |

### PART VI – COLLEGE RECORD

*Begin with the school last attended. Fill in your responses in the spaces provided.*

| Name of College | City | State or Country | Years attended | Graduation date | Degree |
|-----------------|------|------------------|----------------|-----------------|--------|
|                 |      |                  |                |                 |        |
|                 |      |                  |                |                 |        |
|                 |      |                  |                |                 |        |

### PART VII – ATTESTATION

*Fill in your responses in the spaces provided. Sign where indicated.*

|   |  |              |  |
|---|--|--------------|--|
| <b>I hereby certify that the above statements are true and correct to the best of my knowledge, and hereby agree that any contract based upon this application is not valid unless all conditions for employment have been fulfilled, and that any deliberate falsification of facts may be grounds for refusal or revocation of my certificate and dismissal from employment which may, in turn, affect my VISA.</b> |  |              |  |
| <b>Printed Name:</b>  |  |              |  |
| <b>Signature:</b>   |  | <b>Date:</b> |  |

### HIRING DISTRICT OR CHARTER SCHOOL

*Fill in your responses in the spaces provided.*

|  |  |              |  |
|--|--|--------------|--|
| <b>Printed Name:</b>                               |  |              |  |
| <b>Signature of Human Resources Representative</b> |  | <b>Date:</b> |  |