



APPLICATION INSTRUCTIONS FOR NORTH CAROLINA LICENSURE Graduate

The application packet must include when submitted:

1. Application forms (attached)
2. Check or credit card form (attached)
3. Required documents

Mail or return the completed packet to:

UNCG, Teachers Academy
Attn: Debbie Merritt, 319 Curry Building
PO Box 26170
Greensboro, NC 27402-6170

INSTRUCTIONS:

- A. Payment may be made by credit card, check or money order – no cash.
 1. Complete the attached credit card form **OR**
 2. Check or money order payable to: LICENSURE SECTION (SDPI) in the amount of \$55.00, include your social security number in the memo section.
 - B. Provide the following documents:
 1. Official transcripts of all schools for any courses not transferred to UNCG. The Teachers Academy will obtain UNCG transcripts.
 2. Photocopy of Praxis II Specialty Area/Leadership score reports, if required. We do not receive an individual score sheet from ETS which is required by DPI, so please provide a photocopy of your report. If you do not have these scores, you will need to obtain a copy by contacting ETS at 1.888.473.7267 or www.ets.org.
 3. If you are currently licensed, please include a photocopy of NC license (including provisional, lateral entry, temporary, expired).
 4. If you are not licensed in North Carolina, please have an official transcript of your undergraduate degree sent to The Teachers Academy. (If undergraduate degree is from UNCG, you do not need to provide).
- Lateral entry teachers:**
5. Photocopy of your **most recent** teaching evaluation completed by your principal/director.
 6. Original letter from your principal/director (on school letterhead, signed & dated) verifying that you have successfully taught at least 50% in your licensure area for one school year.
- C. Keep copies of everything for your files. Make your copies before turning in to The Teachers Academy.
 - D. Processing of your application will start after:
 1. Transcripts have been completed by the Registrar's office and sent to our office, and
 2. We have received verification from your advisor that you have completed all program requirements.

This application may be turned in about two weeks before graduation. You will be contacted if additional information is needed. If you have questions, contact Debbie Merritt at dwmerrit@uncg.edu or 336.334.3414. You will be notified by email when your package is sent to DPI. The process can take 4-8 weeks once sent to DPI. Your license will be mailed to you or your school system, by the State Department of Public Instruction, Raleigh, NC (1.800.577.7994).



APPLICATION FOR NORTH CAROLINA LICENSURE FOR PROFESSIONAL PERSONNEL
 Graduate

I. General Information:

Name: _____
 (Last) (First) (Middle) (Maiden)

Social Security #: _____ Student ID#: _____

Permanent Address: _____
 (Street) (City) (State) (Zip)

Telephone: Local/Home: _____ Cell: _____

Email: _____ U.S. Citizen: ___ Yes ___ No
 (Please let us know if any of this information changes in case we have questions about your application.)

Are you currently employed in a North Carolina School System? ___ Yes ___ No

If yes, what school/school district? _____

II. Degree/program for which application is being submitted:

Degree: _____

Program: _____

Graduation Date: _____ (month/year)

Advisor: _____

Teaching Experience: (if first license)

Lateral Entry: ___ **OR**
 Student Teach/Internship: ___

School/Grade: _____

When: _____

Cooperating Teacher: _____

III. Previous Degree(s) Awarded: (if first license)

Degree: _____

Major: _____

Graduation Date: _____

School: _____

IV. Licensure Information:

Level of Licensure Requested:
 ___ Standard Professional I
 ___ Advanced/Graduate (M)
 ___ Principal (MSA)
 ___ Educational Specialist (EdS)
 ___ Doctorate (EdD)

Licensure Area Requested:

NC Licensure Presently Held:
 (includes Provisional/Temporary/Expired)

___ Yes (**Attach copies**) ___ No
 If yes, what licensure area:

Praxis II/Leadership exams taken:
 ___ Yes (**Attach copies**) ___ N/A

APPLICATION FOR A NORTH CAROLINA LICENSE

Type or print the following information.

(See reverse side for instructions)

last name	first name	middle name	maiden	
street address		city	state	zip code
social security number	date of birth (month, day, year)	telephone number (with area code)		
sex <input type="checkbox"/> male <input type="checkbox"/> female	race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			

STATEMENT OF APPLICANT

Have you ever had a certificate or license revoked or suspended by any state or other governing body? If yes, attach a statement giving full details and official documentation of the action taken.

yes no

Have you ever been convicted of a crime (excluding minor traffic violations)? If yes, you must submit court documents that indicate judgment and disposition of the case from the court of conviction and an explanation of the incident(s).

yes no

I certify that the information provided in this application is correct and true. I understand that the falsification of any statement or document will result in the revocation of my North Carolina license.

Signature: _____

Date: _____

Email address: _____



**Licensure Section
Credit Card Payment Authorization**

Licensure Applicant Information

Last Name _____ First Name _____

Middle Name _____ Maiden Name _____

Social Security Number --

Cardholder Information

Name on the Card: _____

Mastercard Visa

Credit Card Number ---

Expiration date: / Card Security Code*

*In the signature box on the back of the card, you should see either the entire 16-digit credit card number or just the last four digits followed by a 3-digit code. This 3-digit code is your Card Security Code.

I authorize the Licensure Section of the NC Department of Public Instruction to charge the processing fee for licensing (\$55) to my credit card.

Signature _____ Date _____