



## **APPLICATION INSTRUCTIONS FOR NORTH CAROLINA TEACHER LICENSURE** Undergraduate (Standard Professional I License)

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  
Carol Resch, 136 School of Education  
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 copies of the following:
  1. Official transcripts of all schools for any courses not transferred to UNCG. The Office of Student Services will obtain UNCG transcripts.
  2. Photocopy of Praxis II Specialty Area 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 1.800.772.9476 or [www.ets.org](http://www.ets.org) of Praxis II Specialty Area score reports, if required.
- C. Keep copies of everything for your files. Make your copies before turning in to the Office of Student Services.
- 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 receive verification from your advisor that your portfolio and final program evaluations are completed and the data is available on TaskStream.

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 Carol Resch at [crwalke2@uncg.edu](mailto:crwalke2@uncg.edu) or 336.334.3450. You will be notified by email when your package is sent to DPI. The process can take 60 business days 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 TEACHER LICENSURE**  
Undergraduate

**General Information:**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Social Security #: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: Local/Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

(Please let us know if any of this information changes in case we have questions about your application.)

**Degree Information:**

Degree: Bachelor Program: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ (month/year) Advisor: \_\_\_\_\_

Student Teach/Internship:

When: \_\_\_\_\_

School/Grade: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_

**Licensure Information:**

Area of Licensure Requested: \_\_\_\_\_ Level: SP1

Do you currently hold a North Carolina license?  yes  no

If yes, indicate area and level: \_\_\_\_\_

All appropriate sections of the **Praxis II** have been taken and minimum scores met:

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			

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## 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 \_\_\_\_\_