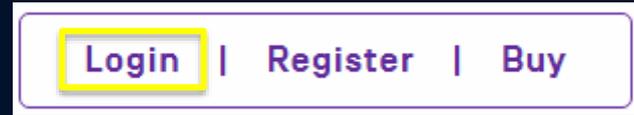


How to Create Your Undergraduate Gate 2 Application

Note: This tutorial is intended as a tool to assist students in submitting their Gate 2 Program Status Check Application. The information and requirements in this tutorial are provided as a foundational overview of the application, but the School of Education maintains the authority to make adjustments to the application as deemed necessary by program requirements. Requirements may be changed, term to term, without notice contained in this tutorial.

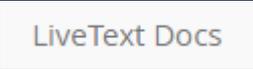
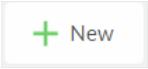
Creating Your Application

- Once you have registered your account with LiveText, go to www.LiveText.com



- Click "Login"
- Sign in to your account

A sign-in form with a purple background. It features a "Sign In" title, two input fields for "Username" and "Password", a teal "Sign In" button, and a "Forgot Your Password?" link at the bottom.

- Click 
- Select 
- Click on Gate Applications and select “Undergraduate Gate 2 Application TEMPLATE”
- Scroll down and click 



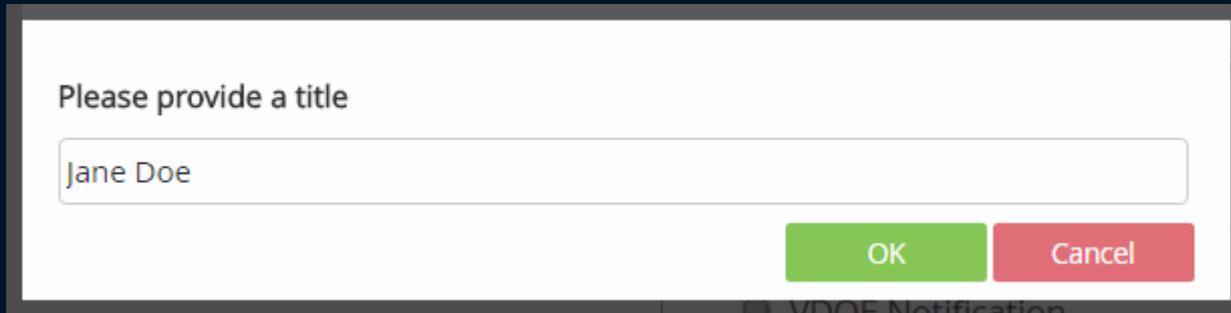
Choose Template

Search by template name...

▼ VA: Liberty University

- ▶ Assignments
 - ▼ Gate Applications
 - Ed.S and Ed.D Gate 2 Licensure Application TEMPLATE
 - EDCE 698 Practicum Application TEMPLATE
 - Graduate Gate 2 Application for Admission to M.Ed. in School Counseling Program TEMPLATE - Updated February 2018
 - Graduate Gate 3 Add-On Licensure Application TEMPLATE
 - Graduate Gate 3 Advanced Licensure Application TEMPLATE
 - Graduate Gate 3 Initial Licensure Application TEMPLATE
 - Graduate Gate 3 Licensure - EDUC 799 Internship Application TEMPLATE
 - Graduate Gate 3 Non-Licensure Application TEMPLATE
 - Graduate Gate 3 School Counseling Internship Application TEMPLATE
 - Undergraduate Gate 2 Application TEMPLATE
 - Undergraduate Gate 3 Application TEMPLATE

- Title the application with your first and last name
- then click “OK”



Please provide a title

OK Cancel

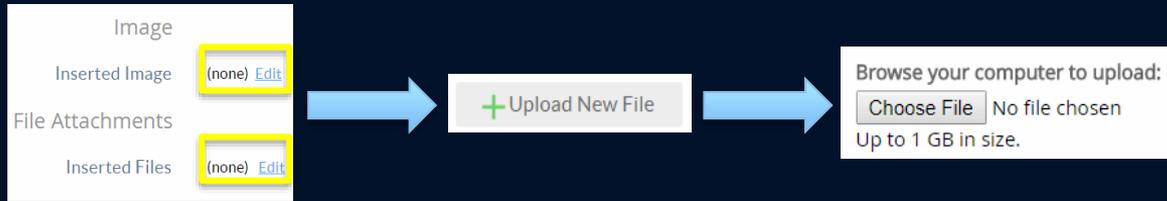
Now you have created your Gate 2 Application!

Editing Your Application

- At the beginning of each heading, you will see buttons such as this



- Once you click on edit, you can make changes to that section and add attachments
- To add an attachment or image select “Edit” then “Upload New File” then you can choose the file from your computer



- Once you have finished editing a section, select  that will take you back to the rest of the application

Candidate Information

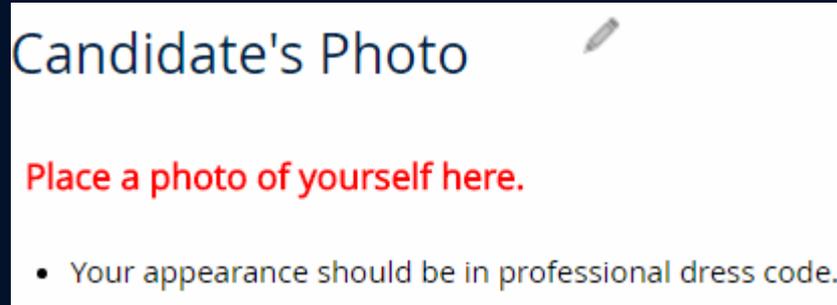
Candidate Information Form     

Please complete all portions of chart below.

Full Name:	Maiden:	LU ID:
Degree/Licensure Endorsement Area(s):	Cumulative GPA:	LU Email:
Local Address:	Phone:	Gender:
Semester you plan to take EDUC 225/226 OR EDUC 235/236 (ex: Fall 2016):		Ethnicity (for reporting purposes only):

- This is where you will fill out your personal information
 - *Note – Degree/Licensure Endorsement area is what your major is, not your cognate
 - ex. “Elementary Ed. (Science)” or “Kinesiology with Teacher Licensure”

Candidate's Photo



- You will attach a professional picture here
- Make sure you meet professional dress standards and you are alone in the photo.
- Consider: Would this picture be appropriate to include in an employer application?

Degree Completion Plan Audit

- Follow these instructions to attach your DCPA to your application



Degree Completion Plan Audit 

Attach DCPA.

- **Attach** your DCP Audit which shows (PDF file preferred):
 - Major with Teacher Licensure
 - Cumulative GPA must be 3.0 or above
 - EDUC 125 Completion with a "C" or higher
- See directions for the DCP Audit below:
 - Login to ASIST
 - Click on Student
 - Click on Student Records
 - Click on Degree Completion Plan Audit
 - Save the document as a PDF
 - To do this, you can download and save the file **OR** click Print and select "Save as PDF."
 - Attach your PDF document to your LiveText application

Required Licensure Tests

- Here you will fill in your test scores for the licensure tests you have taken for Gate 2
- If you use VCLA and Praxis Core scores you will also need to attach the official score sheets
- If you use SAT or ACT scores you still need to fill in this box with your scores and they will be checked based on what Liberty University has on file

TEST	DATE REQUIREMENT	REQUIRED PASSINGSORE	PROBATION SCORE	MY SCORE
Praxis I: Math	Taken before 1/1/2014	178	172	
Praxis I: Reading	Taken before 1/1/2014	178	172	
Praxis I: Writing	Taken before 1/1/2014	176	172	
Praxis I: Composite	Taken before 1/1/2014	532	--	
-----	-----	-----	-----	-----
Praxis Core: Math	Taken after 1/1/2014	150	--	
Praxis Core: Reading	Taken after 1/1/2014	156	--	
Praxis Core: Writing	Taken after 1/1/2014	162	--	
-----	-----	-----	-----	-----
VCLA: Reading	--	235	--	
VCLA: Writing	--	235	--	
VCLA: Composite	--	470	--	
-----	-----	-----	-----	-----
SAT: Math	Taken after 4/1/1995	530	--	
SAT: Verbal	Taken after 4/1/1995	530	--	
SAT: Composite	Taken after 4/1/1995	1100	--	
-----	-----	-----	-----	-----
ACT: Math	Taken after 4/1/1995	22	--	
ACT: English+Reading	Taken after 4/1/1995	46	--	
ACT: Composite	Taken after 4/1/1995	24	--	

Autobiographical Sketch

- Here you will attach the Autobiographical Sketch you completed in EDUC 220 or 221

Autobiographical Sketch 

Please attach the Autobiographical Sketch completed in EDUC 220 or 221.

30 Hour Practicum Paperwork

- Here you will need to attach your completed Field Experience Workbook, Evaluation, and Attendance Log

* Note - Don't forget to include a photo of the school on question 1 of the workbook

Background Check and Fingerprinting

- Here you will attach the official results for your Criminal Background, FBI Fingerprint and VA Child Abuse checks
- Individual state child abuse clearances are required for states in which you have resided during the last five years. These can be purchased through the SOE background website/vendor.
 - At this time, candidates are only responsible for states as listed and provided on this website under "Package Selection > Education > Child Abuse Clearances.

*The next 3 slides will show examples of Criminal Background, FBI Fingerprint and VA Child abuse official results

Background Check- Criminal Background Results

	RESULTS SUMMARY	CASTLEBRANCH www.castlebranch.com PH: (910) 815-3880 FAX: (910) 815-3881	
Company Name: LIBERTY UNIVERSITY - EDUCATION			
Order Date: 08/01/2016			
Company ID: LM72	Order ID: [REDACTED]		
First Name: [REDACTED]	Date of Birth (DOB): [REDACTED]		
Middle Name: [REDACTED]	Social Security Number (SSN): [REDACTED]		
Last Name: [REDACTED]			
Social Security Alert			
ssn	name	date of birth	status
[REDACTED]	[REDACTED]	[REDACTED]	COMPLETED
Criminal Records			
records found	name	location	status
YES	[REDACTED]	[REDACTED]	COMPLETED
NW Record Indicator with 501			
name		status	
[REDACTED]		COMPLETED	
NW Healthcare Fraud & Abuse Scan			
records found	name	location	status
NO	[REDACTED]	US - NATIONWIDE	COMPLETED

All searches have a minimum scope of 7 years unless otherwise noted. The preceding records may belong to the individual in question. A series of identifiers, including all or some combination of the following, were used in reporting these records: name, date of birth, address, sex, race, and social security number. Criminal records generally do not include a social security number. As a result, Castle Branch makes no claim or guarantee that these records belong to the individual in question. It is possible that background records do not apply to the name identified. Castle Branch urges all organizations to investigate any claims that these records are not those of the individual in question. For questions concerning these records please call (910) 815-3880.



Background Check - FBI Fingerprint Results

1-797 (Rev. 01-23-2015)

 U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306 

DATE: 08-09-2016

XXXXXXXXXXXX

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation has completed the following fingerprint submission:

Subject Name
XXXXXXXXXXXX

Search Completed Result 08-09-2016

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Social Security number: XXX-XX-XXXX

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. This IHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.

Any questions may be addressed to the Customer Service Group at (304) 625-5590. You may also visit the Web site at www.fbi.gov for further instructions.


William G. McKingey
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

Background Check – VA Child Abuse Results

VA Department of Social Services
Office of Background Investigations – Search Unit
801 East Main Street, 6th Floor, Richmond, VA 23219-2901

PAID RECEIVED
CENTRAL REGISTRY RELEASE OF INFORMATION FORM
JAN 23 2018
Search Fee \$10.00

CENTRAL REGISTRY SEARCH

Purpose of Search, Check one: Abuse or Neglect Child Abuse or Neglect Child Abuse or Neglect by Foster Parent Day Care Center Day Care Center Day Care Center Family Day Care
 CASA Children's Residential Facility Custodial Parent Day Care Center Foster Parent
 Institutional Employee Other Employment School Personnel Volunteer Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name: CastleBranch
Address: 1844 Sir Tyler Drive
City: Wilmington State: NC Zip: 28405
Contact Name: Research Department Tel.# 910.815.3860 Ext. n/a
Contact E-Mail: researchservices@castlebranch.com

Payment/FIPS Code (Use only if assigned by OBI/CRU)
Mandatory if agency code has been assigned

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name: [Redacted] First Name: [Redacted] Full Middle Name – (given at birth) – No initials (if none, indicate "Total Only") [Redacted]
Maiden Name (last name before marriage) [Redacted] Sex: [Redacted] Date of Birth (MMDDYYYY) [Redacted] Race: [Redacted]
Driver's License Number or ID # [Redacted] Social Security Number [Redacted] Other names used, nicknames, legal names (refer to instruction page) [Redacted]
Current Address (Include Street # and Apt #) [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted]

Applicant's Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MMYY)	End Date (MMYY)
N/A	N/A				
N/A	N/A				
N/A	N/A				

Marital Status: Single Married Divorced Widowed Partner
If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write "N/A".

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MMDDYYYY)
N/A	N/A	N/A	N/A		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
					<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
					<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

List all of your children. If you have none, write "N/A". Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MMDDYYYY)
N/A	N/A	N/A		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
				<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
				<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

VA Department of Social Services
Office of Background Investigations – Search Unit
801 East Main Street 6th Floor, Richmond, VA 23219-2901

Central Registry Release of Information Form
Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched (Sign in presence of Notary) [Redacted] Parent or Guardian signature required for minor children under the age of 18 [Redacted]

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of: Lynchburg VA
Commonwealth/State of: VA
Acknowledged before me this 15th day of December year 2017
Melanie Hippert Cox #2019268
Notary Public Signature My Commission Expires: 9/30/19 Notary Number [Redacted] (Theory 3004)

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the _____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. On _____ of this date, based on the information provided, the individual whose name was being searched is NOT identified in the Central Registry of Child Abuse/Neglect.

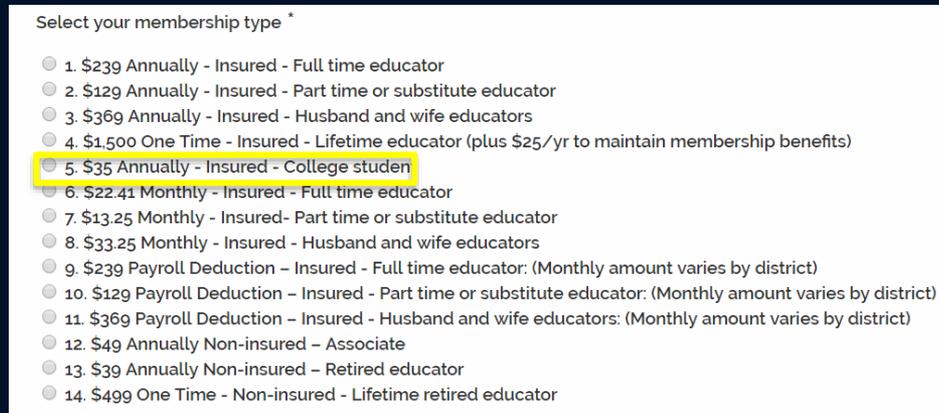
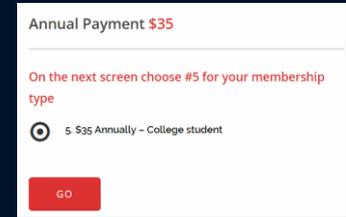
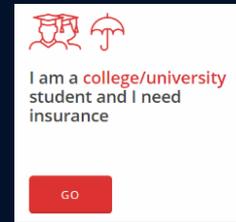
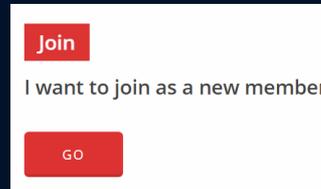
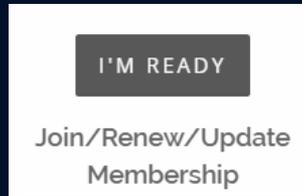
Signature of worker completing search: [Signature] Date: 2/6/18
OBI Staff Only

Tuberculosis (TB) Clearance

- **Make appointment at a health clinic for a TB test**
 - The Liberty University Health Center on campus provides this free of charge for on campus students
 - Other options are local clinics or your family doctor
- **Test typically takes 48 hours**
 - Initial appointment
 - Return 48 hours later for test to be read
 - *double check specific procedures with your health clinic
- **Be sure to obtain documentation from your healthcare provider**
 - Test must be negative
 - Results must be dated with the past 12 months from your application submission date
 - Documentation must be attached to your Gate 2 Application

Christian Educators Association International- Membership Registration

- Go to www.ceai.org and follow these steps



Then follow
the rest of the
process to
complete your
application

Christian Educators Association International- Proof of Membership Example

CERTIFICATE OF INSURANCE

INSURED 02/28/2018

██████████
1971 University Boulevard
Lynchburg, VA 162023

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

PRODUCER
Richard F. Jones, Jr., Agent Broker
3130 Broadway
PO Box 418131
Kansas City, MO 64141-8131

COMPANY AFFORDING COVERAGE
Savers Property & Casualty Insurance Company

COVERAGE
This is to certify that the policy of insurance listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with the respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE
CEAI STUDENT EDUCATOR
PROFESSIONAL LIABILITY

POLICY NUMBER
██████████

LIMIT OF LIABILITY
\$2,000,000

POLICY EFFECTIVE DATE
02/24/2018

POLICY EXPIRATION DATE
02/23/2019



Authorized Representative

- Membership must be currently valid

Satisfactory Conduct

- Answer these yes or no questions

Satisfactory Conduct 		
Satisfactory conduct: Have you ever been suspended or expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
VDOE questions: [If yes to either question, must appeal to Virginia Board of Education for licensure]		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a teaching license suspended or revoked in another state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VDOE Notification

- You will need to initial the following statement after reading the notification from VDOE. You are not answering the questions below at this time; rather, you are simply acknowledging that you will have to answer these questions at Gate 4.

Notification	Initials
<p>I understand that in the future, if I will be applying to Gate 4 to obtain my VA state license, I will be required to address the following questions on the application:</p> <ol style="list-style-type: none">1. Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?2. Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?3. Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor)?4. Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)?5. Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license; or had any other adverse action taken against such a license?6. Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?7. Have you ever left any education- or school-related employment, voluntarily or involuntarily, while the subject of an investigation, inquiry, or review of alleged misconduct or when you had reason to believe an investigation of alleged misconduct was under way or imminent?8. To your knowledge, are you currently the subject of any investigation, inquiry, or review of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil personnel services, or other education-related license or certificate?	

Signature and Agreement Statements

- Be sure to read each statement carefully and initial that you have read each in the box provided

I understand that all requirements on this application must be completed prior to registering for EDUC 225/226, EDUC 235/236, EDUC 240, EDUC 317/318/319, EDUC 322/323/324, EDUC 360, EDUC 410/411, EDUC 415/416, EDUC 425, EDUC 435/436, EDUC 475/476/477, or KINE 245.	
I understand that admission on "probation" will require a prerequisite override to register for EDUC classes. I will be unable to register electronically until I have been fully "accepted" to the Educator Preparation Provider (EPP) program. [NOTE: Print rubric with "probation" admission and drop off in SOE Lobby with Prerequisite Override form filled out for signature. Return to pick up signed form the next day.]	
I understand the Gate 3 deadlines are as follows: September 1 to student teach in the following spring semester; February 1 to student teach the following fall semester.	
I understand that I am responsible for saving a hardcopy of my OFFICIAL licensure test score sheets. If I misplace my official score report, I am responsible for ordering a new set and paying the additional fee to the testing organization.	
I understand that I must meet Virginia passing scores on ALL licensure tests for my endorsement area, including VCLA, Praxis II/Subject Assessment (specific to endorsement area), and RVE (Elementary and Special Education only) BEFORE applying to student teach. (September 1 to student teach in the following spring semester and February 1 to student teach the following fall semester.) A copy of the official score sheet verifying my passing scores for each test must be submitted on my student teaching application.	
I understand I must have a SSN to obtain Virginia Licensure.	
I understand that after I am accepted in the Educator Preparation Provider (EEP) program, I must MAINTAIN a 3.0 or above GPA EVERY semester to continue to stay enrolled in EDUC courses.	
I understand that after I am accepted in the Educator Preparation Provider (EEP) program, it is my responsibility to complete ALL coursework, including any CLEP and ICE exams, BEFORE my student teaching semester. ALL coursework, including any CLEP or ICE exams and transfer courses, must be completed at the time of my Gate 3 Application submission (see above submission dates).	
I understand that I will not be permitted to participate in any of the follow during student teaching: NCAA sports, university sports, club sports, theater productions, choral or instrumental groups, traveling ministry teams, resident assistant (RA) positions, working positions and other related activities.	
I understand that I am as I progress through the Educator Preparation Provider (EEP) program, I will be required to serve in various assigned field experience placements within the designated Local area. I understand it is my responsibility to provide my own transportation to report to my allocated field experience placements.	
I understand that I am responsible for additional background clearances as required by any school I am assigned to for my field experiences or as required by the Educator Preparation Provide (EPP) program.	
MUSIC Candidates ONLY: I understand that I am responsible for successfully completing all components of the Keyboard Proficiency Exam prior to the submission of my Gate 3 Application (see above comments for Gate 3 deadlines).	
FACS & BUSI Ed. Candidates ONLY: I understand that I am responsible for successfully completing the <u>Industry Certification Credential</u> <u>WDOE</u> prior to Gate 4.	

How to Submit

Once you have finished editing your application scroll to the top of the application and follow these instructions to submit your application for review

How to submit?

- Click "Submit this document for review" (at the top of this application).
- Type "Gate2" as username.
- Click on the shadow box that appears and then click -->"Submit for Review"

*Note – when typing “Gate2” as the username be sure there is no space between “Gate” and “2”