

**NC REGIONAL ASSISTANCE LICENSING CENTER (RALC)**  
**APPLICATION FOR A PLAN OF STUDY**

First Name	Middle Name	Last Name	Maiden Name
Street Address		City	State
			Zip Code
E-Mail Address		Contact Telephone Number	
NCDPI Educator License Number / Application Number		Employing School System	

**Regional Office:**

☐ Catawba RALC      ☐ Charlotte RALC      ☐ Fayetteville RALC      ☐ Nash RALC

**License area for which you are applying:** \_\_\_\_\_

(Your application cannot be processed if no area is listed)

**Current License:** ☐ CTE Provisional    ☐ Provisional (Add-on)    ☐ Provisional School Social Worker

**STATEMENT OF APPLICANT**

In order for this office to correspond with DPI about your licensure program your permission is needed. Please read and sign the statements below.

**I, the undersigned, hereby authorize the RALC to release licensure program information to my employer (employing school unit upon hire) and DPI.**

**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 of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

School System Contact: \_\_\_\_\_

School System Contact E-Mail: \_\_\_\_\_