



Office of Professional Preparation
 Building 6, Room 252
 1900 Kanawha Boulevard East
 Charleston, WV 25305
 304-558-7010 4/30/12

Applicant Information Page

Date Received by County Board of Education: _____
 Date Received by Institution of Higher Education: _____

Part 1 -Applicant Information

Social Security Number _____ Birth Date (MM-DD-YYYY) _____ Gender (M or F) _____ US Citizen (YES or NO) _____ Served in US Armed Forces (YES or NO) _____
 Last Name _____ First Name _____ MI _____ Previous Last Name (Maiden) _____
 (If your name has changed since your last application, **proof of name change must be attached** e.g. photocopy of marriage certificate, etc.)
 Street Address _____ City _____ State _____ Zip Code _____
 Primary Phone _____ Secondary Phone _____ E-Mail _____

List the institutions from which a degree has been earned			Are you currently employed by a West Virginia School System?		Do you currently hold a License to work in the public schools of West Virginia?	
College/University	Degree	Date	Yes	No	Yes	No

If YES, please indicate the school system: _____
 Do you currently hold a License to work in the public schools of another state? Yes No

Part 3—Applicant Signature

I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are grounds for denial, suspension, or revocation of the license(s) that I am seeking or currently hold.

Signature of Applicant _____ Date _____

A \$25 non-refundable fee required payable to WVDE for each application. Applications attached: Form # _____ Form # _____ Form # _____	Supporting documentation attached: (non-fee required Forms, e.g. Forms 4B, 7, V10, V16) Form # _____ Form # _____ Form # _____
---	---

Part 4—Fingerprinting Information

First-time applicants are required to have fingerprints processed by L-1 Solutions (L1enrollment.com).

I have previously received Certification in WV and understand that I do not need to re-submit my fingerprints.
 I have never held WV Certification and have recently submitted my fingerprints to L1 Solutions on ____/____/____ (L1 Transaction # _____)

Part 5 - Superintendent Recommendation (Required if employed in a WV School System)

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application. When necessary, I have included documentation verifying this information. I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and is physically, mentally, and emotionally qualified to perform the duties of a teacher. I recommend that s/he be granted certification.

Signature of Superintendent _____ County _____ Date _____

Part 2-Disclosure of Background Information

	YES	NO	Documentation Attached
If you answer yes to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, and all/any other information that explains the circumstance(s) in detail.			
1) Have you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender or cancellation.			
2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?			
3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?			
4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony? *			
6) Have you ever been arrested, charged with or convicted of a misdemeanor? (For the purpose of this application, minor traffic violations should not be reported) Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported. *			

* For a YES response to items 5 & 6, the following must be included for all charges, including those that have been dismissed or expunged: 1) Judgment Order; **OR** 2) Final Order; **OR** 3) Magistrate Court Documentation; **AND** 4) all other relevant court documentation.



REV 20110701

Form 25-T—Alternative Teaching Certificate

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant	Employing County	Institution of Higher Education/RESA																
<p>Name of Institution where you expect to complete requirements for the alternative route to certification:</p> <p>_____</p> <p>By Signing this Agreement:</p> <p>A) I am making a formal commitment to complete the state approved alternative educational preparation program at the institution named above.</p> <p>B) I agree to furnish this institution with official seal-bearing transcripts from all of the institutions I have attended if records are not already on file.</p> <p>C) I understand that I must complete the prescribed coursework within this first year of my alternative route to teacher certification and teach in the targeted Transition to Teaching school which I have chosen.</p> <p>D) I understand that I must satisfy all course and testing requirements for the professional certificate in the endorsement(s) listed within one year from the date of issuance of the original alternative teaching certificate as required through the Transition to Teaching Project.</p> <p>E) I understand that I am committed to teach in a targeted Transition to Teaching WV school district for at least three (3) years as part of the Transition to Teaching Project agreement.</p> <p><i>I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are grounds for denial, suspension, or revocation of the license(s) that I am seeking or currently hold.</i></p> <p>_____ Signature of Applicant</p> <p>_____ Date</p> <p>Applicant Information Page must be attached.</p>	<p>Verification of Employment</p> <p>_____ Assignment _____ Grade Level _____</p> <p>_____ Assignment _____ Grade Level _____</p> <p>_____ Assignment _____ Grade Level _____</p> <p><input type="checkbox"/> Alternative Teaching Certificate</p> <p>Date Applicant will begin assignment: _____</p> <p>Endorsement(s) requested:</p> <p>_____ Endorsement _____ Grade Level _____</p> <p>_____ Endorsement _____ Grade Level _____</p> <p>_____ Endorsement _____ Grade Level _____</p> <p><i>I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that s/he must satisfy renewal requirements as specified in WVBE Policy 5202 126CSR136 §15.5 or s/he will not be eligible for reassignment to this position. I recommend that the license be granted.</i></p> <p>_____ Signature of Superintendent</p> <p>_____ County</p> <p>_____ Date</p>	<p>Recommendation:</p> <p><input type="checkbox"/> Alternative Teaching Certificate</p> <p><input type="checkbox"/> Renewal of Alternative Teaching Certificate (Special Education Only)</p> <p>_____ Endorsement _____ Grade Level _____</p> <p>_____ Endorsement _____ Grade Level _____</p> <p>_____ Endorsement _____ Grade Level _____</p> <p>Enrollment:</p> <p><input type="checkbox"/> The applicant is enrolled in the institution's state approved alternative educational preparation program for the endorsements listed above.</p> <p><input type="checkbox"/> The applicant has filed a commitment to enroll in the institution's approved alternative educational preparation program.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">Term</th> <th style="width: 60%;">Course Number & Title</th> <th style="width: 10%;">Grade</th> <th style="width: 20%;">Hours</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>_____ Signature of Institutional Official or RESA Director</p> <p>_____ Title _____ Date _____</p>	Term	Course Number & Title	Grade	Hours												
Term	Course Number & Title	Grade	Hours															