



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 # _____
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### 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
<b>If you answer yes to any question below, SUBMIT a narrative with your application.</b> 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.

## Form 60—Paraprofessional Certificate-Educational Interpreter

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Information listed on this application must be supported by official documentation such as official seal-bearing transcripts, score reports, certificates of completion, or any other sources of verification. Failure to produce such documentation may result in the formal denial of this application.

**Applicant Information Page must be attached.**

### Certification Request

Check one:

- Permanent Certificate** — All certification requirements are met (hold national certification/minimum 3.5 EIPA performance score, all academic requirements are met, and passing EIPA-Written Test score)
- Initial Certificate** — All certification requirements are **NOT** met (must hold national certification or minimum 3.0 EIPA performance score, and completed coursework) - may be renewed **ONE (1)** time
- Renewal Certificate** — Initial Certificate awarded previously and successful completion of 15 clock hours of WVDE approved professional development activities

#### Verification of Education

The applicant holds the minimum of a high school diploma or GED.

**YES**    **NO**

#### National Certification

**EIPA-Performance Score (circle one) 3.5 3.0 Not taken**    **EIPA-Written**    **NAD Level IV**    **NIC**

### State Competency Exam

The applicant has taken and passed the current state competency exam for aides developed pursuant to W. Va Code §18A-4-8e and have satisfied this requirement.

**YES**

**DATE:**

**NO**

### Basic Skills (3 Semester Hours in Each or Equivalent Training)

	Courses Claimed			Equivalent Training (Supporting Documentation MUST be included)				Praxis- PPST	
	Dept.	Course Name	Date	Title	Clock Hrs.	Trainer	Date Completed	Score	Date Completed
<b>Reading</b>									
<b>Writing</b>									
<b>Math</b>									

### Required Courses (3 Semester Hours in Each or Equivalent Training/Classroom Experience)

	Courses Claimed			Training (Supporting Documentation MUST be included)				Classroom Experience	
	Dept.	Course Name	Date	Title	Clock Hrs.	Trainer	Date Completed	Year	Specific Assignment
<b>Classroom Management</b>									
<b>Special Education*</b>									
<b>Computer Literacy</b>									
<b>Human Growth &amp; Dev. or Psychology</b>									
<b>Elective</b>									
<b>Elective</b>									
<b>Elective</b>									

\* If two years of classroom experience is being used in lieu of coursework for the Special Education requirement, it is also required to document ten (10) clock hours of in-service training directly related to special education.

### General Studies (6 Semester Hours Required in Any Combination)

	Courses Claimed			Equivalent Training (Supporting Documentation MUST be included)			
	Dept.	Course Name	Date	Title	Clock Hrs.	Trainer	Date Completed
<b>Humanities OR</b>							
<b>Fine Arts OR</b>							
<b>Science OR</b>							
<b>Social Studies</b>							