



Office of Educator Effectiveness and Licensure  
 Building 6, Room 304  
 1900 Kanawha Boulevard East  
 Charleston, WV 25305  
 304-558-7010 02/24/16

**Applicant Information Page for Permits/Authorizations that Require Employment**

Date Received by County Board of Education: \_\_\_\_\_

Date Received by Institution of Higher Education: \_\_\_\_\_

Check if applicable:

- Self or spouse on Active Duty
- Self or spouse within 6 months after Active Duty

**Part 1 -Applicant Information**

Social Security Number \_\_\_\_\_ Birth Date (MM-DD-YYYY) \_\_\_\_\_ Gender (M or F) \_\_\_\_\_ US Citizen ( Y or N) \_\_\_\_\_ US Veteran or Spouse of veteran ( Y or N) If Yes complete box -top right \_\_\_\_\_  
 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 non-refundable fee is required for each application. You may pay online at <https://wveis.k12.wv.us/certpayment/>. Applications attached:

Supporting documentation attached:  
 (non-fee required Forms, e.g. Forms 4B, 7, V10, V16)

Form # \_\_\_\_\_ Form # \_\_\_\_\_ Form # \_\_\_\_\_  
 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 for Permit/Authorization Application)**

*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**

**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. \*

YES	NO	Documentation Attached

\* 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 20160404

# Form 1/1A—First Class/Full-Time Permit or Out-of-Field Authorization

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

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

Applicant	Employing County	Institution of Higher Education																
<p>Name of Institution where you expect to complete requirements for specializations: _____</p> <p><b>By Signing this Agreement:</b></p> <p>A) I am making a formal commitment to complete the state approved 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.</p> <p>C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA each year to renew my permit or out-of-field authorization.</p> <p>D) I understand that I must satisfy all course and testing requirements for the professional license in this specialization(s) within five (5) years from the date of issuance of the original permit or three (3) years if permit is endorsed for superintendent.</p> <p>E) I understand that it is my responsibility to meet the renewal requirements for the First-Class/Full-Time Permit or Out-of-Field Authorization.</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 to this application.</p>	<p><b>Please Check if this is a New Assignment</b> <input type="checkbox"/></p> <p><b>Verification of Employment (Required for original AND renewal applications):</b></p> <p>_____ Name of School</p> <p>_____ Assignment/Endorsement Area</p> <p>_____ Assignment/Endorsement Area</p> <p><b>Date Applicant will begin assignment:</b> _____</p> <p><b>Request for Licensure</b></p> <p><input type="checkbox"/> Original Permit      <input type="checkbox"/> Permit Renewal</p> <p><input type="checkbox"/> Original Out-of-Field**      <input type="checkbox"/> Out-of-Field Renewal**</p> <p><b>Endorsement(s) requested:</b></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 or s/he will not be eligible for reassignment to this position. I have reviewed the disclosure of background information and, to the best of my knowledge, the applicant is of good moral character and physically, mentally, and emotionally qualified to perform his/her duties as an educator. I recommend that the license be granted.</i></p> <p>_____ Signature of Superintendent      _____ County</p> <p>_____ Date</p>	<p><b>Institution's Recommendation</b></p> <p><b>Recommendation:</b></p> <p><input type="checkbox"/> <b>Original Permit</b>—The applicant has an overall GPA of 2.5 and has completed 25% of the approved program requirements for the endorsements listed below.</p> <p><input type="checkbox"/> <b>Original Out-of-Field</b>—The applicant has not completed the minimum hour requirements for the original permit in the endorsement areas requested. <b>**Applicant must hold a valid Professional Certificate.</b></p> <p>_____ Endorsement      _____ Grade Level</p> <p>_____ Endorsement      _____ Grade Level</p> <p><b>Enrollment:</b></p> <p><input type="checkbox"/> The applicant is enrolled in the institution's state approved 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 educational preparation program.</p> <p><b>Renewal:</b></p> <p>I certify the applicant has completed six hours of renewal credit with at least a 3.0 GPA. The credits are within the approved program leading to licensure and in accordance with the applicant's assignment listed on this form (Courses must be listed below).</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 &amp; Title</th> <th style="width: 10%;">Grade</th> <th style="width: 10%;">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 Designated Institutional Official</p> <p><i>I verify that this institution offers a state-approved teacher preparation program leading to state certification in the endorsement area (s) listed above.</i></p> <p>_____ Title      _____ Date</p>	Term	Course Number & Title	Grade	Hours												
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