



Office of Educator Effectiveness and Licensure
 Building 6, Room 304
 1900 Kanawha Boulevard East
 Charleston, WV 25305
 304-558-7010 12/11/15

Applicant Information Page

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. Please pay online at <https://wweis.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 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

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 20131101

Form 2L—Long-Term Substitute Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Long-Term Substitute Permit—Defined by WVBE Policy 5202 §126CSR136-4.43 as a licensed educator who temporarily replaces, for more than 30 consecutive instructional days, the person assigned to the educator position.

In accordance with WVBE Policy 5202 §126-136 11.7.c.1, a Long-Term Substitute Permit can be endorsed for any specialization recognized on the Professional Teaching and/or Student Support Certificate. For a complete listing of these endorsements, refer to Appendix A of Policy 5202.

Substitute Permits require applicants to be employed or have received offer of employment by a WV County Board of Education. This form must be completed by County official.

Applicant Information Page must be attached. Signature of County Superintendent is required.

PLEASE USE FORM 2S IF APPLYING FOR A SHORT TERM SUBSTITUTE PERMIT.

**A long-Term Substitute Permit also allows the educator to substitute short-term in any area.

Signature of Superintendent: _____

Initial Long Term Substitute Permit

The applicant has an overall GPA of 2.0 or better and a bachelor's degree from a regionally accredited IHE. S/he has completed **18 clock hours of training** in classroom management, state and local policies, West Virginia Content Standards and Objectives, and an overview of school law including reporting requirements for suspected child abuse. **Official seal-bearing transcript required.**

Official Board Employment Date: _____

Training Completed: _____
Copy of Certificate MUST be attached

-OR-

Expired Teaching Certificate: _____
(must have expired within the last five years)

Endorsements Required

The applicant has a minimum of twelve (12) semester hours of college credit reflected on an official transcript in the following endorsement areas:

Endorsement	Grade Level
Endorsement	Grade Level
Endorsement	Grade Level
Endorsement	Grade Level
Endorsement	Grade Level
Endorsement	Grade Level

Renewal of Long Term Substitute Permit

Guidelines for the Renewal of the of the Long-Term and Short-Term Substitute Permits are provided in WVBE Policy 5202 126CSR136 §11.7.

Select one (1) of the following options for renewal:

The applicant has completed 12 clock hours of training in classroom management and instructional strategies as defined in Policy 5202 §126-136-11.7.b.1 or §126-136-11.7.d.1.
Certificate or documentation from employing county board of education reflecting itemized list of training hours and completion date must be attached.

-OR-

The applicant has completed six semester hours of coursework from an accredited institution of higher education that is related to the public school program. **(official transcript required).**
 The hours must have been completed subsequent to the issuance of the permit being renewed.

-OR-

The applicant holds a valid WV Professional Certificate.