



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

See our website for additional documents required.

### 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.



REV20151211

# Form 12—Advanced Degree and/or Salary, or NBPTS Salary Supplement

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

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

### Advanced Salary Classification Options

These salary classifications and the applicable coursework are defined in WVBE Policy 5202, §126-136-22.

*Please check the appropriate degree or salary level:*

- Associate Degree**
- Bachelor Degree**
- \*BA+15**
- MA Degree**
- \*MA+15** (Minimum 45 total hours)
- \*MA+30** (Minimum 60 total hours)
- \*MA+45** (Minimum 75 total hours)
- Doctorate Degree**
- National Board for Professional Teaching Standards (NBPTS board certification *ONLY*)—Salary Supplement**—attach verification of NBPTS certification and endorsement area

*The hours /degree must be related to the public school program and/or to the specific endorsement areas held on the WV Certificate. Transcripts submitted to the WVDE prior to January 1, 2003, must be resubmitted to be considered for advanced salary applications. \*Advanced salary levels are available to those holding a WV Professional Certificate.*

*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**

### Coursework to be Considered for Advanced Salary Classification

#### **List all courses below that are being claimed for the advanced salary level.**

**Official seal-bearing transcripts are required for all hours being claimed for salary. If you include undergraduate level hours, please note that those hours are limited to a maximum of fifteen (15) semester hours completed after the issuance of an initial WV professional teaching, student support, or administrative certificate. All other hours claimed for salary must be appropriate graduate level hours. Please use an additional Form 12 page, if needed.**

Graduate/Undergrad*		Institution	Dept. & Course #	Name of Course	Hours	Year Comp.
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
G	U					
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G	U					
				<b>LIST TOTAL NUMBER OF HOURS CLAIMED FOR SALARY:</b>		