



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
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 20160114

## Form 20SA—Initial Student Support Certificate-(Out of State)

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

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

### Applicant

### Institutional Recommendation

**I am applying for licensure based on:**

**(1) Completion of an approved educational personnel preparation program through a regionally accredited out-of-state institution.\*\***

**(2) Possession of a valid license issued by a state other than West Virginia based upon completion of an approved personnel preparation program through a regionally accredited institution of higher education.\*\***

**\*\*Official transcripts required.**

**Option 1**—Institutional official must complete the remainder of the application verifying completion of approved program.

**Option 2**—Application must include a copy of the valid out-of-state certificate (both front and back) .

\_\_\_\_ I have ordered an e-transcript from \_\_\_\_\_ on \_\_\_\_\_ to be sent directly to the WVDE.

**Please provide the following information (option 1):**

\_\_\_\_\_  
Name of College/University

\_\_\_\_\_  
City State

\_\_\_\_\_  
Name / Title of Certification Official from University

\_\_\_\_\_  
Email

Please verify completion and satisfactory performance of the following:

**Applicant GPA**

Applicant's GPA is 2.5 or higher.

**WVBE-Required Tests** (Refer to WVBE Policy 5202 Appendix B for complete listing)

CASE Series –OR-  Qualifies for exemptions stated in WVBE Policy 5202 126CSR136 §10.1.b.3.F –AND-

Praxis II Content Test

**Field Experiences & Performance Assessment**

Applicant successfully completed appropriate field experiences, a supervised practicum, and his/her performance was assessed in the following settings, as required by Policy 5100.

**Please check appropriate qualifications for recommended endorsements:**

Content Specialization <u>and</u> Type of Experience	Grade Level(s)	Name of Public School

	Recommended Endorsement	Grade Level	Praxis II—Content	Professional License
✓	School Counselor	PK-AD		
	School Nurse	PK-AD		
	School Psychologist	PK-AD		
	Social Services/Attendance	PK-AD		
	Speech Language Pathologist	PK-AD		

*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 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 the duties of teacher. To the best of my knowledge, the applicant has disclosed information regarding any criminal conviction or currently pending charged felony or misdemeanor. I recommend that s/he be granted certification based on completion of the institution state approved program.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Institution Official

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Date