



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 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

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. 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.



REV20160125

Form 3 —Teacher in Residence Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Part 1 -Institutional Infor-
Please provide the following information:
Name of College/University _____
Teacher in Residence placement dates _____
County of placement _____
Teacher in Residence institutional supervisor _____
Institutional supervisor’s telephone number _____
Institutional supervisor’s email _____
Does the institution have a current Teacher in Residence (TIR) agreement with the above-mentioned WV County Board of Education and a WVBE approved TIR program?
Y N
Has the position to be filled by TIR been posted and no other teacher fully certified for the position has been employed?
Y N

Part 2 -Institutional Verification
Please indicate the following:
Candidate has successfully completed all WVBE required tests (Refer to WVBE Policy 5202 Appendix B for complete listing).
Y N CASE Series -OR-
Y N Applicant qualifies for exemptions stated in WVBE Policy 5202 §126-136-10.1.2.c(F) (Documentation required)
-AND-
Y N — N/A Praxis II Content Test -AND- Y N N/A Praxis II—PLT
Applicant GPA
Y N Applicant’s GPA is 3.0 or higher.
Length of residency: One Semester Full Year Dates: _____

Content Specializations	Grade Level(s)	Name of Public School

I swear or affirm under the penalty of perjury 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 permit that I am seeking. I intend to complete the above-listed residency according to the institutional guidelines and WVBE Policy 5202 requirements.

Applicant Signature	Date	Position posting(s) must be included with application
County Superintendent Signature	Date	

Please verify the following information:	
Y N	The candidate is enrolled in a state-approved program and is in good standing.
Y N	The applicant has completed a criminal history record check and results are on file with the Office of Educator Effectiveness and Licensure at the WVDE.

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 the permit based on meeting the institution state approved program and WVBE Policy 5202 requirements.

Signature of Authorized Institution Official	Title	Date
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