



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 20140714

Form 30—Advanced Credential

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Advanced Credentials are awarded to educators for completing professional development, coursework, and/or testing that exceeds the requirements for a professional certificate. Endorsements identified as Advanced Credentials have unique and specific requirements for the initial issuance and subsequent renewal. Advanced Credentials may be required for employment in certain positions in West Virginia's schools.

Valid Professional Certificate

The applicant holds a valid Professional Certificate issued by the West Virginia Department of Education. YES NO

Advanced Credentials

Please Select Advanced Credential (s) Requested	Required Professional Development: Documentation of completed Professional Development must be submitted with this application	Date Completed
<input type="checkbox"/> Initial Technology Integration Specialist (TIS) (valid one school year)	Forty (40) days or 320 clock-hours of professional development relating to technology integration programs offered or approved by the WVDE. *Requires verification by WVDE Director of Instructional Technology URL link to on-line portfolio: _____	
<input type="checkbox"/> Renewal of TIS Advanced Credential (valid one school year)	Five (5) days or 40 clock-hours of professional development relating to technology integration programs offered or approved by the WVDE. *Requires verification by WVDE Director of Instructional Technology	
<input type="checkbox"/> Permanent — Technology Integration Specialist	Have held an initial advanced credential for TIS and completed two renewals, Have held an advanced credential for TIS for 3 consecutive years without lapse. Complete 40 clock hours/5 days of approved professional development related to technology integration offered and approved by WVDE; PD must have been taken between July 1st of the previous year and June 30th of the current year in which the credential is being sought. Receive the recommendation of the county superintendent . *Requires verification by WVDE Director of Instructional Technology	
<input type="checkbox"/> Mentor Teacher (valid three school years)	Two (2) days or 15 clock-hours of professional development offered by the West Virginia Center for Professional Development after <i>June 1, 2006</i> . Three (3) years teaching experience: ___YES ___NO	
<input type="checkbox"/> Initial Master Mentor Teacher (valid three school years)	Four (4) days or 30 clock-hours of professional development offered by the West Virginia Center for Professional Development after <i>June 1, 2006</i> .	
<input type="checkbox"/> Renewal of Master Mentor Teacher (valid three school years)	Two (2) days or 15 clock-hours of professional development offered by the West Virginia Center for Professional Development after <i>June 1, 2006</i> , that is consistent with WVBE goals and completed after the effective date of the Advanced Credential being renewed.	
<input type="checkbox"/> Initial Advanced Placement Teacher (valid three school years) —List all areas of AP instruction for which licensure is sought (Ex.: World History) _____	Complete the College Board Advanced Placement Course Audit required by the College Board AND attend the five-day, Advanced Placement Institute offered by the College Board, the WV Center for Professional Development, or College Board approved out-of-state provider after <i>June 1, 2005</i> ; OR serve as exam reader for at least one (1) College Board Advanced Placement Reading; OR deliver at least one course-specific institute/workshop through the College Board; OR successfully serve as a mentor to a novice Advanced Placement teacher; OR complete three (3) semester hours of coursework related to the Advanced Placement course for which licensure is sought.	
<input type="checkbox"/> Renewal of Advanced Placement Teacher (valid three school years)	After the effective date of the credential being renewed, complete the College Board Advanced Placement Course Audit required by the College Board; AND serve as exam reader for at least one College Board Advanced Placement Reading; OR deliver at least one course-specific institute/workshop through the College Board; OR successfully serve as a mentor to a novice Advanced Placement teacher; OR complete three (3) semester hours of coursework related to the Advanced Placement course for which licensure is sought.	
APPLICANT INFORMATION PAGE MUST BE ATTACHED.		