

# Applicant Information Page

## Part 1:

- Complete all parts of applicant information
- Submit proof of name change if different from previous application (marriage certificate, divorce decree, etc.)
- Provide email address as it is the preferred method of communication

## Part 2:

- **Background Information:** If you answer YES to any question 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. Also include any court documentation. If no documentation is available please obtain official correspondence from court stating no documentation is available.
  - include incidents that have been dismissed or expunged

## Part 3: Applicant Signature

## Part 4: Fingerprinting - Check appropriate box

- 1<sup>st</sup> Time applicants: fingerprints processed by L -1 Solutions (L1enrollment.com)
- Previously certified in WV – do not need to resubmit

## Part 5: County Superintendents recommendation by signature – If employed in WV school or employed during the last 12 months. If not employed then a Form 4B must be submitted with application.

## **INSTRUCTIONS FOR SUBMITTING FEE REIMBURSEMENT APPLICATIONS (Form 32, Form 33, Form 36, and Form 37)**

Beginning July 1, 2012, all Form 32, Form 33, Form 36, and Form 37 fee reimbursement applications submitted to the Office of Educator Effectiveness and Licensure **MUST** include all required documentation for approval. The required documentation is listed on the appropriate Form 32, Form 33, Form 36, and Form 37 application page.

***Any application received without all required documentation, as listed on the Form 32, Form 33, Form 36, and/or Form 37 application page, will be denied. To reapply, a new application must be submitted to the Office of Educator Effectiveness and Licensure.***

The approval and denial status for all Form 32, Form 33, Form 36, and Form 37 applications will be displayed **online only** for the county of employment and for the applicant. All applications, if approved for state reimbursement, will be paid through the county of employment. Any state-approved reimbursement amount will be listed on the online reimbursement status site.

***Fee reimbursement applications are processed on the fiscal year system. All Form 32, 36 and 37 applications received during each fiscal year (July 1 through the following June 30) will be processed by the end of that same fiscal year (June 30).***

**Fee reimbursement application information is available through:**

**<https://wveis.k12.wv.us/certcheck/>**

Then select “Reimbursements” then “View Details” link



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.



REV 20151211

## Form 36—Tuition Reimbursement

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

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

### Applicant

#### List Courses Claimed for Reimbursement:

	Course Number	Name of College/Univ.	# of Course Hours	Term
1				
2				
3				
4				
5				

<b>Tuition</b>	\$	
<b>Mandatory Fees</b>	\$	
<b>Total Requested</b>	\$	

*I certify that I have read the criteria for tuition reimbursement and I meet all eligibility criteria. I further certify that all information I have provided on the application is accurate and that I have completed the course(s) indicated on the attached grade report. 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 and grounds for denial of reimbursement. **I agree to repay any monies gained through the submission of inaccurate information.***

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

\_\_\_\_\_  
**Date**

### This application *cannot be approved* without the following **REQUIRED DOCUMENTATION:**

1. All courses being claimed for reimbursement *must* be listed.
2. A receipt with the name of your college/university verifying payment made in your name in full for the appropriate term(s) for the coursework claimed for reimbursement *must* be included.
3. A college/university transcript or grade report with the name of your college/university, the term, your name, the course name and number, the URL if downloaded, and the final grade received for the course(s) *must* be included.
4. Your county *must* complete and sign the appropriate section below.
5. A completed applicant information page signed by both you and your county *must* accompany this application.
6. You *must* sign and date this application page.
7. Faxes are not accepted.

**This section MUST be completed and signed by the county to verify eligibility for Option 1 or Option 2.** *As superintendent, I certify that the applicant is an educator as defined by W. Va. Code §18-1-1 and meets the criteria for tuition reimbursement as defined in WVBE Policy 5202, §126-136-23.1. I further certify that the course(s) listed on this application have been completed as follows:*

**Option 1: RENEWAL**—The applicant is on a continuing contract, holds a Professional Certificate which must be renewed, and holds a salary classification of MA+15 or less (15 semester hours renewal reimbursement lifetime maximum).

County: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**County Superintendent's Signature**

**Option 2: SHORTAGE**—The applicant has completed coursework in a **shortage area** and the shortage area is verified by the county on this application (**15 semester hours shortage area reimbursement lifetime maximum**).

County: \_\_\_\_\_

Date: \_\_\_\_\_

Shortage Area: \_\_\_\_\_

\_\_\_\_\_  
**County Superintendent's Signature**