

Directions for the Fee Reimbursement and Salary Supplement Applications for: Speech-Language Pathologists, Audiologists, School Counselors, School Psychologists and School Nurses

In accordance with HB 4117 and W.Va. Code §18A-4-2b, professional personnel in the West Virginia public schools who hold advanced certification by the American Speech-Language Association (ASHA), the National Board of Certified Counselors (NBCC), the West Virginia Board of Examiners in Counseling (WVBEC), the National Association of School Psychologists (NASP), or the National Board for Certification of School Nurses (NBCSN), and who meet other eligibility criteria as defined in W.Va. Code §18A-4-2b, may be rewarded a salary supplement and / or national board fee reimbursement when employed in the public schools in the position in which they hold the board certification.

The number of speech-language pathologists, audiologists, school counselors, school psychologists and school nurses eligible for an annual salary supplement of \$2500 is limited to one hundred fifteen (115) combined total personnel annually beginning July 1, 2008, with an additional one hundred fifteen (115) such personnel per year every year, or as limited by Legislative funding. The number of speech-language pathologists, audiologists, school counselors, school psychologists and school nurses eligible for a reimbursement of board certification fees and related expenses is limited to one hundred fifteen (115) combined total personnel beginning July 1, 2008, and an additional one hundred fifteen (115) such personnel per year every year thereafter, or as limited by Legislative funding.

The one hundred fifteen personnel annually deemed eligible for the salary supplement and the one hundred fifteen personnel annually deemed eligible for the fee reimbursement will be determined by seniority among those applications received during each year. The criteria to determine seniority are: 1) total months that board certification has been held; 2) total months of employment in a school system in speech-language pathology, audiology, school counseling, school psychology or school nursing; and 3) total months that West Virginia certification as a speech-language pathologist, audiologist, school counselor, school psychologist or school nurse has been held.

To apply for the **salary supplement**, please complete all pages of the **Form 43** application. The required documentation to be submitted with the application is listed on the application.

To apply for the **fee reimbursement**, please complete all pages of the **Form 33** application. The required documentation to be submitted with the application is listed on the application.

“Each calendar year, all Form 43 salary supplement applications and all Form 33 fee reimbursement applications will be accepted for review between January 1 through September 15 only.”

If you have questions, please contact the WVDE Office of Certification and Professional Preparation at 1.800.982.2378, 304.558-7010, or smford@access.k12.wv.us.

DIRECTIONS PAGE ONLY—PLEASE DO NOT SUBMIT THIS PAGE TO THE WVDE



Office of Certification
and Professional Preparation
Building 6, Room 304
1900 Kanawha Boulevard, East
Charleston, WV 25305
304-558-7010 07/14/2017

Applicant Information Page for Credentials that Require Employment

Date Received by County Board of Education: _____

Date Received by Institution of Higher Education: _____

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) _____

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)

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.



Board Certification Verification

Please indicate the type of board certification held (check one only):

- ____ American Speech-Language Hearing Association (ASHA)
____ National Board of Certified Counselors (NBCC)
____ West Virginia Board of Examiners in Counseling (WVBE)
____ National Association of School Psychologists (NASP)
____ National Board for Certification of School Nurses (NBCSN)

Initial board certification effective date: _____

Current board certification expiration date: _____

A copy of the board certificate, board certification card, and/or documentation from the board certification agency verifying both the initial effective board certification date and the current expiration date MUST be included with this application.

APPLICANT INFORMATION PAGE MUST BE ATTACHED TO THIS APPLICATION.

Employment Verification—To be Completed by the Employing County

Please indicate below the position in which the applicant is employed within the WV public school system:

- ____ Speech-Language Pathologist
____ School Psychologist
____ Audiologist
____ School Nurse
____ School Counselor

Original School Employment Hire Date as a Speech-Language Pathologist, Audiologist, Counselor, Psychologist or Nurse: _____

If there is a time lapse during total employment, such as for part-time work or non-employed years, please indicate appropriate employment starting and ending dates:

- From _____ to _____
From _____ to _____
From _____ to _____
From _____ to _____
From _____ to _____

Signature of County Superintendent

Date