



Office of Professional Preparation
 Building 6, Room 252
 1900 Kanawha Boulevard East
 Charleston, WV 25305
 304-558-7010

Applicant Information Page

Date Received by County Board of Education: _____
 Date Received by Institution of Higher Education: _____

Part 1 -Applicant Information	REV 20091014	Part 2-Disclosure of Background Information
-------------------------------	--------------	---

 Social Security Number Birth Date (MM-DD-YYYY) Gender (M or F) US Citizen (YES or NO) Served in US Armed Forces (YES or NO)

 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? Yes No	Do you currently hold a License to work in the public schools of West Virginia? Yes No
College/University	Degree	Date		
			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 2-Disclosure of Background Information	YES	NO	Documentation Attached
If you answer yes to any question below, SUBMIT a complete 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) Have0 you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes 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 charged with or convicted with or under indictment for a felony? *			
6) Have you ever been 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. *			

Part 3—Applicant’s 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

This Form must also be signed by your county superintendent OR if not employed, a Form 4B-Character Reference Form must be attached.

**You must include a \$25.00 processing fee (payable to WVDE) with EACH application.
 Any applicant required to submit a fingerprint card is required to pay an additional \$34.00 processing fee.
 Check payments may be withdrawn from your account the same day payment is received. Your cancelled check will not be returned.**

Applications attached (\$25 for each application):	Supporting documentation attached: (non-fee required Forms, e.g. Forms 4B, 7, 35, 36, V10, V16)
_____ Form # Form # Form #	_____ Form # Form # Form #

Part 4 - Superintendent’s Recommendation (Required if employed in a WV School System) Applicants not employed in a WV school system must submit a Form 4B Character Reference

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

* For a YES response to items 5 & 6, the following must be included: 1) Judgment Order –OR– 2) Final Order –OR– 3) Magistrate Court Documentation –AND– 4) all other relevant court documentation.



REV 20091106

Form 38—Temporary Authorization

Social Security Number: _____
 Last Name: _____ First Name: _____ MI: _____

Employing County

Designate if this request is made for an Original Temporary Authorization in a particular area or the Renewal of an expired/expiring Temporary Authorization in area previously granted.
Applicant Information Page must be attached. ORIGINAL RENEWAL

Select the appropriate endorsement to be issued on the Temporary Authorization and indicate the school year for which the Authorization is requested in the space below. Refer to the section of WVBE Policy 5202 indicated for the specific requirements of each endorsement listed below.

Check Here	Endorsement Area	WVBE Policy 5202	School Year	
	Alternative Education	§11.8.3.C		
*****	Career Major Introductory Courses	§11.8.3.E		
	-Agriculture & Natural Resources	§11.8.3.E (a)		
	-Foundations in Engineering	§11.8.3.E (b)		
	-Health Care Fundamentals	§11.8.3.E (c)		
	-Human Services, Development & Relationships	§11.8.3.E (d)		
	Chief School Business Official	§11.8.3.G		Completion of in-service training must be verified below
	Child Development Specialist	§11.8.3.FF		Completion of in-service training must be verified below
	Curriculum/Cultural Enrichment	§11.8.3.Z		
	Jobs for West Virginia Graduates	§11.8.3.L		Requires signature of Director of the Jobs for WV Graduates
	Junior ROTC	§11.8.3.N		
	Licensed Psychologist for Test Administration	§11.8.3.O		
	ProStart Restaurant Management	§11.8.3.Y		
	Reading for Grades Seven and Eight	§11.8.3.BB		
	School Nurse	§11.8.3.JJ		
	School Nutrition Director	§11.8.3.R		Completion of in-service training must be verified below
	Speech Assistant	§11.8.3.T		
	Technology Integration Specialist	§11.8.3.DD		Completion of in-service training must be verified below
	Work Based Learning Coordinator	§11.8.3.W		

WVDE Director of School Finance	WVDE Director of Child Nutrition	WVDE Director of Career Technical Education	Director of the Jobs for WV Graduates	WVDE Director of Instructional Technology
<i>The applicant has completed 15 hours of in-service credit offered by the WVDE.</i>	<i>The applicant has completed 15 hours of in-service credit offered by the WVDE.</i>	<i>The applicant has completed 15 hours of in-service credit offered by the WVDE.</i>	<i>The applicant is the most qualified & I recommend s/he be granted the authorization.</i>	<i>The applicant has completed 320 hours or 40 days offered by the WVDE.</i>
_____ Signature of the WVDE Director of School Finance	_____ Signature of the WVDE Director of Child Nutrition	_____ Signature of the WVDE Director of Career Technical education	_____ Signature of the WVDE Director of Jobs for WV Graduates	_____ Signature of the WVDE Director of Instructional Technology
_____ Date	_____ Date	_____ Date	_____ Date	_____ Date