



Office of Certification
and Professional Preparation
Building 6, Suite 700
1900 Kanawha Boulevard, East
Charleston, WV 25305
304-558-7010 02/26/2018

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.



Form 1/1A—First Class/Full-Time Permit or Out-of-Field Authorization

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant

Name of Institution where you expect to complete requirements for specializations:

By Signing this Agreement:

A) I am making a formal commitment to complete the state approved educational preparation program at the institution named above.

B) I agree to furnish this institution with official seal-bearing transcripts from all of the institutions I have attended.

C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA each year to renew my permit or out-of-field authorization.

D) I understand that I must satisfy all course and testing requirements for the professional license in this specialization(s) within five (5) years from the date of issuance of the original permit or three (3) years if permit is endorsed for superintendent.

E) I understand that it is my responsibility to meet the renewal requirements for the First-Class/Full-Time Permit or Out-of-Field Authorization.

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

Applicant Information Page must be attached to this application.

Employing County

Please Check if this is a New Assignment

Verification of Employment (Required for original AND renewal applications):

Name of School

Assignment/Endorsement Area

Assignment/Endorsement Area

Date Applicant will begin assignment: _____

Request for Licensure

Original Permit Permit Renewal

Original Out-of-Field** Out-of-Field Renewal**

Endorsement(s) requested:

Endorsement Grade Level

Endorsement Grade Level

I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that s/he must satisfy renewal requirements as specified in WVBE Policy 5202 or s/he will not be eligible for reassignment to this position. 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 his/her duties as an educator. I recommend that the license be granted.

Signature of Superintendent County

Date

Institution of Higher Education

Institution's Recommendation

Recommendation:

Original Permit—The applicant has an overall GPA of 2.5 and has completed 25% of the approved program requirements for the endorsements listed below.

Original Out-of-Field—The applicant has not completed the minimum hour requirements for the original permit in the endorsement areas requested. ****Applicant must hold a valid Professional Certificate.**

Endorsement Grade Level

Endorsement Grade Level

Enrollment:

The applicant is enrolled in the institution's state approved educational preparation program for the endorsements listed above.

The applicant has filed a commitment to enroll in the institution's approved educational preparation program.

Renewal:

I certify the applicant has completed six hours of renewal credit with at least a 3.0 GPA. The credits are within the approved program leading to licensure and in accordance with the applicant's assignment listed on this form (Courses must be listed below).

Term	Course Number & Title	Grade	Hours

Signature of Designated Institutional Official

I verify that this institution offers a state-approved teacher preparation program leading to state certification in the endorsement area (s) listed above.

Title Date