

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

Date Received by County Board of Education:

Date Received by Institution of Higher Education:

Part 1 -Applicant Information						Part 2-Disclosure of Background Information				
Social Security Number Last Name (If your name has changed si						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.	YES	ON	Documentation Attached	
Street Address Primary Phone	Secondary Phone E-Mail Are you currently employed by a West Virginia School System? Are you currently employed by a West Virginia School System? Work in the public schools of West Virginia School System?					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.				
College/University	Degree	Date	Yes If YES, please school s	No e indicate the system:	Virginia? Yes No Do you currently hold a Licens work in the public schools of other state? Yes No	e to an-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?									
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 A non-refundable fee is required for each application. Please 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)					5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony? *					
Form #	Form # Form #		Form #	Form	# Form #	6) Have you ever been arrested, charged with or convicted of a mis-				
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//						demeanor? (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 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.						those that have been dismissed or expunged:			ıding d: 1) Mag-	
Signature of Superintendent		County		 Date		relevant court documentation.) all (uier		



Form 19A—Initial Professional Administrative Certificate (out of state)

Social Security Num	ber:	
Last Name	First Name	мт

	Revised 201/0105							
		Initial Professional Admini	istrative Certif	icate				
	Part 1 -Applicant's Request	Part 2—Institutional Recommendation						
Please select the appropriate option: I wish to apply for an INITIAL Administrative		Please verify the following information: WVBE-Required Test Praxis II—Content Completed the E.L.I.						
	Certificate. (Complete Part 1a, Part 2, and Part 3)	In the space below, list the endorsement area(s) and programmatic level(s) in which the applicant is eligible.						
Part 1a—Application for Licensure Based Upon:		Endorsement Area			Programmatic Level			
	Option 1 : Completion of an approved educational personnel preparation program through an accredited institution out-of-state.							
	Option 2 : Possession of a valid and current license issued by a state other than West Virginia AND completion of an administrator preparation program from a regionally accredited institution of higher educations	information regarding any criminal conviction or currently pending charged felony or misdemeanor. I recommend that s/he be granted certification based on completion of the institution state approved program.						
	tion.	Signature of Institutional Official Date			Institution			
		Phone:	Email:					
		Part 3 —Experience						
An Applicant Information Sheet must be attached.		***Experience is required for Initial (3 years of management or teaching)						
		Experience Verification for Administrative Certificate						
		School	Year(s)	County/Distric	t/State	Position		