



## Applicant Information Page

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

### 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.



Form 20S—Initial Student Support Certificate (in-state applicants)

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

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

Applicant

Institutional Recommendation # J YfJZVhcb

I am applying for licensure based on:

Option 1—Completion of WVBE approved educational personnel preparation program through a West Virginia institution of higher education.

Institutional official must complete the remainder of the application verifying completion of WVBE-approved educator preparation program.

I have ordered an e-transcript from \_\_\_\_\_ on \_\_\_\_\_ to be sent directly to the WVDE.

Name of College/University

Name of the Certification Official from the College/University

E-mail address of Certification Official

Telephone Number of Certification Official

All applications must include Applicant Information Page, official transcripts, and appropriate processing fees.

Please verify completion and satisfactory performance of the following:

Applicant GPA

Applicant's GPA is 2.5 or higher.

Pre-Professional Skills

Computer Literacy Listening Speaking

WVBE-Required Tests (Refer to WVBE Policy 5202 Appendix B for complete listing)

Praxis I Series -OR- Qualifies for exemptions stated in WVBE Policy 5202 §126CSR136-10.1.b.3.F.1 -AND-

Praxis II Content Test

Field Experiences & Performance Assessment

Applicant successfully completed appropriate field experiences, a supervised practicum, and his/her performance was assessed in the following settings, as required by Policy 5100.

Table with 3 columns: Content Specialization and Type of Experience, Grade Level(s), Name of Public School

Please check appropriate qualifications for recommended endorsements:

Table with 4 columns: Recommended Endorsement, Grade Level, Praxis II—Content, Professional License

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 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 the duties of teacher.

Signature of Applicant

Date

Signature of Institution Official

Institution

Date