



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

**Applicant Information Page for Clinical Experience (Non-WV IHE)**

Date Received by County Board of Education: \_\_\_\_\_

Date Received by Institution of Higher Education: \_\_\_\_\_

Check if applicable:  
 Self or spouse on Active Duty  
 Self or spouse within 6 months after Active Duty

**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) If Yes complete box -top right

\_\_\_\_\_

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 \_\_\_\_\_

Applications attached:

\_\_\_\_\_

Form #      Form #      Form #

**Part 4—Fingerprinting Information**

**Out of State/Online/Non-WV Institution Field Experience Request does not require submission of fingerprints. Fingerprints will be required when applying for the Clinical Experience Permit (Form 24).**

**Part 5 - Signature of Higher Education Representative (required)**

*To the best of my knowledge, the applicant is of good moral character and physically, mentally, and emotionally qualified to perform the duties of a teacher, administrator, or student support personnel.*

Signature of college/University Official \_\_\_\_\_ Institution \_\_\_\_\_ 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.



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 Charleston, WV 25305  
 PH:304-558-7010 F:304-558-7843

REV20180226

**Form 23-Clinical Experience Permit for Candidates Attending an Out-of-State IHE**

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

**NO FEE REQUIRED**

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

**Part 1—To Be Completed by Institution of Higher Education (IHE) Only**

**Please provide the following information:**

\_\_\_\_\_  
 Name of College/University State

\_\_\_\_\_  
 Experience placement dates

\_\_\_\_\_  
 Name of supervising official from College/University

\_\_\_\_\_  
 Title of the supervising official from the College/University

\_\_\_\_\_  
 Address (Line 1) of Institution

\_\_\_\_\_  
 Address (Line 2) of Institution

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 E-mail address of supervising official

\_\_\_\_\_  
 Telephone number of supervising official

**Please verify the following information:**

<b>Y N</b>	The program the candidate is completing is state-approved and leads to certification in the state in which the institution is located.
<b>Y N</b>	The candidate has completed all program requirements including all required tests if applicable (Praxis or state-specific) prior to commencing listed experience(s).
<b>Y N</b>	The candidate is enrolled, in good standing, and has a GPA of 2.5 or higher.

**Part 2 -Institutional and District Verifications**

Please complete the following:

**Type of experience requested**

Observation **OR**  Clinical experience (Requires Form 24)

**Type of Certificate Sought:** (select one)  Teaching  Administration  Student Support

**Does College/University (Part 1) have a current agreement with a WV School District/School of placement?** (only required for clinical experience)

Yes  No

**Who is responsible for securing the requested placement?**

Candidate **OR**  College/University supervisor: Name \_\_\_\_\_

**Will the requested experience be supervised on-site by a College/University representative?**

Yes  No If no, who will supervise? \_\_\_\_\_

**Will cooperating classroom teacher at assigned site be compensated?**

Yes  No

NOTE: Out of State IHE candidates must complete all required testing in accordance with their approved program.

**Projected placements:**

Content Area(s) Requested	Grade Level(s)	Name of School

*I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that s/he be allowed to complete the above -requested placement based on having met all necessary WVDE policy and program requirements.*

\_\_\_\_\_  
 Signature of County Superintendent, RESA Director, ODTP Official, Multi-County Center Director, Authorized Signator Date:

*I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that s/he be allowed to complete the above -requested placement based on having met all necessary WVDE policy and program requirements.*

\_\_\_\_\_  
 Signature of Authorized Institution Official Title Date