



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 40—Paraprofessional Certificate (County employment required)**

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

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

**Verification of Education**

**State Competency Exam**

The applicant holds the minimum of a high school diploma or GED.

**YES** Verification attached

The applicant has taken and passed the current state competency exam for aides developed pursuant to W. Va Code §18A-4-8e and have satisfied this requirement.

**YES** Verification attached

**DATE:**

**Basic Skills (3 Semester Hours in Each or Equivalent Training)**

**General Studies (6 Semester Hours Required in Any Combination)**

	Courses Claimed			Praxis I— CORE			Courses Claimed		
	Dept.	Course Name	Date	Score	Date Completed		Dept.	Course Name	Date
Reading						Humanities OR			
Writing						Fine Arts OR			
Math						Science OR			
						Social Studies			

**Required Courses (3 Semester Hours in Each or Classroom Experience)**

	Courses Claimed			Classroom Experience		* If two years of classroom experience is being used in lieu of coursework for the Special Education requirement, it is also required to document ten (10) clock hours of in-service training directly related to special education.
	Dept.	Course Name	Date	Year	Specific Assignment	
Classroom Management						
Special Education*						
Computer Literacy						
Human Growth & Dev. or Psychology						
Elective						
Elective						
Elective						

\_\_\_\_\_  
**Superintendent Signature**

Information listed on this application must be supported by official documentation such as official seal-bearing transcripts, score reports, certificates of completion, or any other sources of verification. Failure to produce such documentation may result in the formal denial of this application.

**Applicant Information Page must be attached.**