



Office of Certification
and Professional Preparation
Building 6, Suite 700
1900 Kanawha Boulevard, East
Charleston, WV 25305
304-558-7010 07/01/2018

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, Multi-County Center or ODTP Director _____ County/Multi-County Center/ODTP _____ 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.



West Virginia DEPARTMENT OF
EDUCATION

REV 20180701

Form V18—Adult Permit for EMS and Fire Service Training

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Please verify the following: **INITIAL CERTIFICATION** **RENEWAL OF CERTIFICATION**

Initial Emergency Medical Services Certification

Initial Fire Service Certification

Please verify the following information for INITIAL Certification:

Please verify the following information for INITIAL Certification:

Y N	Minimum of High School Diploma or equivalent (Copy Attached and on file)
Y N	Minimum 4 years required volunteer/paid work experience (Form V10 is attached and on file)
Y N	Valid WV EMT/Paramedic License or National Registry EMT/Paramedic (Documentation on file)
Y N	Valid CPR instructor certification (Documentation on file)
Y N Date: _____	Achieved score of 85% or higher on WVDE approved examination (Documentation on file) (completion date required)
Y N Date: _____	Completed approved instructor training program for EMT instructors (Documentation on file) (completion date required)
Y N Date: _____	Completed approved field based experience for EMT instructors (Documentation on file) (completion date required)

Y N	Minimum of High School Diploma or equivalent (Copy Attached and on file)
Y N	Minimum 4 years required volunteer/paid work experience (Form V10 is attached and on file)
Y N Date: _____	Achieved score of 85% or higher on WVDE approved examination (Documentation on file) (completion date required)
Y N	Valid CPR certification (Documentation on file)
Y N	Valid First Aid or Advanced EMS certification (Documentation on file)

Indicate that the applicant completed required training in the following areas and the completion date where required (Documentation on file):

Y N Date: _____	Hazardous materials	Y N Date: _____	Firefighting
Y N Date: _____	Instructor training program	Y N Date: _____	Field-based experience in fire instructor training

For RENEWAL ONLY OF EMS Certification

For RENEWAL ONLY of Fire Service Certification

Y N	The applicant meets the following WVBE Policy 5202 requirements as verified by documentation filed by the Public Service Training Coordinator. This documentation is on file.
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Y N	The applicant meets the following WVBE Policy 5202 requirements as verified by documentation filed by the Public Service Training Coordinator. This documentation is on file.
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A. Applicant completed 30 hours of teaching in an approved EMS or Refresher Course:

Date:	Location:	
Date:	Location:	
Date:	Location:	

A. Applicant completed 30 hours of teaching activity in an approved fire service or related course:

Date:	Location:	
Date:	Location:	
Date:	Location:	

B. Applicant attended at least three approved instructor seminars:

Date:	Location:	
Date:	Location:	
Date:	Location:	

B. Applicant attended at least three approved instructor seminars:

Date:	Location:	
Date:	Location:	
Date:	Location:	

C. Applicant holds valid:

Expiration Date: _____	WV EMT, WV Paramedic, National Registry EMT or National Registry Paramedic Certification (Documentation on file)
Expiration Date: _____	CPR Instructor Certification (Documentation on file)

Signature of Employing Public Service Training Coordinator

As the Employer's Public Service Training Coordinator, I verify the information on this application is truthful and accurate. Additionally, I certify that the applicant is eligible to hold the requested licensure. I will make all of the applicant's documentation available to the WVDE upon request.

Signature Employer Date