



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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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:

Y N	The program the candidate is completing is state-approved and leads to certification in the state in which the institution is located.
Y N	The candidate has completed all program requirements including all required tests if applicable (Praxis or state-specific) prior to commencing listed experience(s).
Y N	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

 Signature Title Date