

## **Directions for the Fee Reimbursement and Salary Supplement Applications for: Speech-Language Pathologists, Audiologists, School Counselors, School Psychologists and School Nurses**

In accordance with HB 4117 and W.Va. Code §18A-4-2b, professional personnel in the West Virginia public schools who hold advanced certification by the American Speech-Language Association (ASHA), the National Board of Certified Counselors (NBCC), the West Virginia Board of Examiners in Counseling (WVBEC), the National Association of School Psychologists (NASP), or the National Board for Certification of School Nurses (NBCSN), and who meet other eligibility criteria as defined in W.Va. Code §18A-4-2b, may be rewarded a salary supplement and / or national board fee reimbursement when employed in the public schools in the position in which they hold the board certification.

The number of speech-language pathologists, audiologists, school counselors, school psychologists and school nurses eligible for an annual salary supplement of \$2500 is limited to one hundred fifteen (115) combined total personnel annually beginning July 1, 2008, with an additional one hundred fifteen (115) such personnel per year every year, or as limited by Legislative funding. The number of speech-language pathologists, audiologists, school counselors, school psychologists and school nurses eligible for a reimbursement of board certification fees and related expenses is limited to one hundred fifteen (115) combined total personnel beginning July 1, 2008, and an additional one hundred fifteen (115) such personnel per year every year thereafter, or as limited by Legislative funding.

The one hundred fifteen personnel annually deemed eligible for the salary supplement and the one hundred fifteen personnel annually deemed eligible for the fee reimbursement will be determined by seniority among those applications received during each year. The criteria to determine seniority are: 1) total months that board certification has been held; 2) total months of employment in a school system in speech-language pathology, audiology, school counseling, school psychology or school nursing; and 3) total months that West Virginia certification as a speech-language pathologist, audiologist, school counselor, school psychologist or school nurse has been held.

To apply for the **salary supplement**, please complete all pages of the **Form 43** application. The required documentation to be submitted with the application is listed on the application.

To apply for the **fee reimbursement**, please complete all pages of the **Form 33** application. The required documentation to be submitted with the application is listed on the application.

“Each calendar year, all Form 43 salary supplement applications and all Form 33 fee reimbursement applications will be accepted for review between January 1 through September 15 only.”

If you have questions, please contact the WVDE Office of Certification and Professional Preparation at 1.800.982.2378, 304.558-7010, or [smford@access.k12.wv.us](mailto:smford@access.k12.wv.us).

**DIRECTIONS PAGE ONLY—PLEASE DO NOT SUBMIT THIS PAGE TO THE WVDE**



Office of Certification  
and Professional Preparation  
Building 6, Suite 700  
1900 Kanawha Boulevard, East  
Charleston, WV 25305  
304-558-7010 01/09/2019

**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**

One may access fingerprinting instructions at <http://wvde.state.wv.us/certification/forms/fingerprints>

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 will submit my fingerprints to L1 Solutions. All first-time applicants must have fingerprints processed by L-1 Solutions (L1enrollment.com). A fingerprint service code will be sent to your e-mail once the application is received.

**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.



Board Certification Verification

Please indicate the type of board certification held (check one only):

- \_\_\_\_ American Speech-Language Hearing Association (ASHA)
\_\_\_\_ National Board of Certified Counselors (NBCC)
\_\_\_\_ West Virginia Board of Examiners in Counseling (WVBE)
\_\_\_\_ National Association of School Psychologists (NASP)
\_\_\_\_ National Board for Certification of School Nurses (NBCSN)

Initial board certification effective date: \_\_\_\_\_

Current board certification expiration date: \_\_\_\_\_

A copy of the board certificate, board certification card, and/or documentation from the board certification agency verifying both the initial effective board certification date and the current expiration date MUST be included with this application.

APPLICANT INFORMATION PAGE MUST BE ATTACHED TO THIS APPLICATION.

Employment Verification—To be Completed by the Employing County

Please indicate below the position in which the applicant is employed within the WV public school system:

- \_\_\_\_ Speech-Language Pathologist
\_\_\_\_ School Psychologist
\_\_\_\_ Audiologist
\_\_\_\_ School Nurse
\_\_\_\_ School Counselor

Original School Employment Hire Date as a Speech-Language Pathologist, Audiologist, Counselor, Psychologist or Nurse: \_\_\_\_\_

If there is a time lapse during total employment, such as for part-time work or non-employed years, please indicate appropriate employment starting and ending dates:

- From \_\_\_\_\_ to \_\_\_\_\_
From \_\_\_\_\_ to \_\_\_\_\_
From \_\_\_\_\_ to \_\_\_\_\_
From \_\_\_\_\_ to \_\_\_\_\_
From \_\_\_\_\_ to \_\_\_\_\_

Signature of County Superintendent

Date