



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

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

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. Please pay online at <https://wweis.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 be submitting 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 if employed in a WV School System)

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.



**Form V7—Initial CTE Certificate, Temporary CTE Certificate or
Additional Endorsement (In-State)**

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Part 1 — Applicant

Select the appropriate option:

Initial CTE Certificate

Temporary CTE Certificate

Additional Endorsement

Part 2 — Employing County, Multi-County Center, ODTP or ESC

Requested Endorsement: Grades _____, Endorsement # _____ Name of Endorsement _____

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Initial CTE Certificate (Requires a valid WV Professional Teaching Certificate **OR** completion of an approved CTE program with a 2.5 GPA)

Temporary CTE Certificate (Requires a Valid Professional Teaching Certificate)

Additional Endorsement (Requires a Valid CTE Certificate)

Passed Basic Skills Exam or Qualifying Exemption

Passed Basic Skills Exam or Qualifying Exemption

Passed Required NOCTI Exam or N/A

Wage Earning Experience Verified by Form V10

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Wage Earning Experience Verified by Form V10

Industry Recognized Credential or N/A

Industry Recognized Credential or N/A

Passed Required NOCTI Exam or N/A

Valid Professional Teaching Certificate or N/A
If not applicable, Part 3 of the application is required

Valid Professional Teaching Certificate

Industry Recognized Credential or N/A

Part 3 — Verification of Required Coursework and Official Recommendation by Approved CTE Program

(Only required when applying for an initial CTE Certificate based upon completion of an approved CTE program completion)

Term	Course Number & Title	Grade	Hours	Term	Course Number & Title	Grade	Hours
				Official seal-bearing transcripts must be included, when applicable.			

The educator has successfully completed all coursework requirements for an **Initial Career and Technical Education Certificate** and I officially recommend the certificate be granted.

Signature of Authorized Official for the State-Approved Career and Technical Education Program _____

Date _____