



Office of Certification  
and Professional Preparation  
Building 6, Room 304  
1900 Kanawha Boulevard, East  
Charleston, WV 25305  
304-558-7010 07/14/2017

**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 2S—Short-Term Substitute Permit		
Social Security Number: _____		
Last Name: _____		First Name: _____ MI: _____

**Short-Term Substitute Permit**—Defined by WVBE Policy 5202 §126CSR136-6.62 as a licensed educator who temporarily replaces, for 30 or less consecutive instructional days, the person assigned to the educator position. Substitute Permits require applicants to be employed or have received an offer of employment by a WV County Board of Education. Criteria for substitute permits is found in WVBE Policy 5202 §126CSR136-11.7. [Official seal-bearing transcript required.](#)

**Employing County Verifications: Application Type**

**INITIAL Permit**

The applicant has an overall GPA of 2.0 or better and a bachelor’s degree from a regionally accredited IHE. S/he has completed [18 clock hours of training](#) in classroom management, state and local policies, WV Content Standards and Objectives, and an overview of school law including reporting requirements for suspected child abuse, with no more than 6 hours of classroom observation, or a successful clinical experience. (Must be completed within one year of the application date). School Nurse substitutes must use Form 2L.

**Official Board Employment Date:** \_\_\_\_\_

**Completed Required Training:**

\_\_\_\_\_ **Date:**  
Must be last date of training if completed over more than one day.

**-OR-**

Successful completion of Student Teaching/Clinical Experience within 1 year.  
[\(official transcripts attached\)](#)

**RENEWAL of the Permit**

**Training Completed:**

\_\_\_\_\_ The applicant has completed **12 clock hours of training.** Must be last date of training if completed over more than one day.

**-OR-**

The applicant has completed **6 semester hours of coursework** from an accredited institution of higher education that is related to the public school program. The hours must have been completed subsequent to the issuance of the permit being renewed and within a 5 year period immediately preceding the date of application. [\(official transcript required\)](#)

**Superintendent Signature**

I hereby verify that the applicant meets the requirements of WVBE Policy 5202 for the identified substitute permit. All information submitted is correct and documentation for the training is on file at the district and will be made available to the WVDE upon request.

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

\_\_\_\_\_  
**DATE**