



Office of Certification & Professional Preparation
 Building 6, Room 304
 1900 Kanawha Boulevard East
 Charleston, WV 25305
 304-558-7010 08/21/2017

Applicant Information Page for Clinical Experience

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

A non-refundable fee is required for the application. You may pay online at https://wveis.k12.wv.us/certpayment/ . Applications attached:	No fee is required 24A and supporting documentation attached: (non-fee required Forms, e.g. Forms 24A, 4B, 7)
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 _____/_____/_____

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.	YES	NO	Documentation Attached
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. *			

* 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.



Office of Certification & Professional Preparation
 1900 Kanawha Blvd. E.
 Building 6, Room 304
 Charleston, WV 25305
 PH:304-558-7010 F:304-558-7843

REV20171211

Form 24—Clinical Experience Permit

Social Security Number: _____

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

 Endorsement Area(s) of Candidate Preparation and Grade Level

 Experience placement dates

 WV County of placement

 Student teacher IHE supervisor

 IHE supervisor's telephone number

 IHE supervisor's email

NOTE: Applicants from institutions located outside WV (including online institutions) must have applied for and been approved for a Non-WV Out-of-State Clinical Experience Request (Form 23). If one has not been submitted and approved, a Form 24 cannot be approved.

Please verify the following information:

Y N	The candidate is enrolled in an <i>in-state</i> or <i>out-of-state</i> approved program and is in good standing.
Y N	The candidate has satisfied/will have satisfied all program requirements, including all required tests if applicable (PRAXIS or state-specific), prior to commencing the listed placement(s).
Y N	The candidate is scheduled to complete or has completed a criminal history record check with results to be submitted to the Office of Certification and Professional Preparation at the WVDE.

Part 2 –IHE and School District/School Verifications

Please respond to and provide documentation for the following:

Candidate has met the following eligibility criteria in accordance with the WV Licensure and Testing Directory link at <https://wvde.state.wv.us/certification>

Y N CASE Series

-OR-

Y N Applicant qualifies for exemptions stated in WVBE Policy 5202 §126-136-10.1.b.3.F
*If **YES**, identify exemption below:*

- | | |
|--|---|
| <input type="checkbox"/> SAT
<input type="checkbox"/> ACT
<input type="checkbox"/> GRE | <input type="checkbox"/> Possess a Master's Degree or higher
<input type="checkbox"/> Pursuing Master's Degree in teaching, administration, or student support
<input type="checkbox"/> Other _____ |
|--|---|

-AND-

Y N Praxis II Content Test

NOTE: Out of State IHE candidates must complete all required testing in accordance with their approved program.

Projected placements:

Content Specializations	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.

IHE Signature _____ Date: _____