



Office of Certification
and Professional Preparation
Building 6, Room 304
1900 Kanawha Boulevard, East
Charleston, WV 25305
304-558-7010 7/14/2017

Form 24B—Applicant Information Page
Request for Out-of-State Clinical Experience Placement

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) 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.

_____ Date: _____

No fee is required. Form 24B and supporting documentation attached:
(non-fee required Forms, e.g. Forms 24B, 4B, 7)

_____ Form # _____ Form # _____ Form #

Part 4—Fingerprinting Not Required for Out-of-State Clinical Placement

I am completing my entire clinical experience in an out-of-state location and understand that I do not need to submit fingerprints through the WVDE for this placement. Applicants need to check with the state of placement to determine if there are any background check requirements.
(Clinical experiences in WV require fingerprints).

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.



Form 24B — WV IHE Requesting an Out-of-State Clinical Experience Placement

Social Security Number: _____
Last Name: _____ First Name: _____ MI: _____

Part 1—To Be Completed by IHE Only

Part 2—Additional Information to be Provided by IHE

Please provide the following information:
Name of College/University
Endorsement Area(s) & Grade Level(s) of Candidate Preparation
Experience placement dates
State of Placement
IHE clinical experience supervisor
IHE supervisor's telephone number
IHE supervisor's email

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.us/certification.
-OR-
-AND-
Will the requested experience be supervised on-site by agreement and in accordance with Policy 5100?
Projected placements:

Table with 3 columns: Content Specializations (required), Grade Level(s), Name of School

Please verify the following information:
Y N The candidate is enrolled in a WVBE-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), prior to commencing the listed placement(s).
Y N Does the College/University have a current agreement for the out-of-state placement?

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
Date: