



Office of Certification
and Professional Preparation
Building 6, Room 304
1900 Kanawha Boulevard, East
Charleston, WV 25305
304-550-7010 07/14/2017

Applicant Information Page for 7 fYXyb]Ug 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

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:
 _____ Form # _____ Form # _____ Form #

Supporting documentation attached:
(non-fee required Forms, e.g. Forms 4B, 7, V10, V16)
 _____ 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.	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 25 — Initial Alternative Teaching Certificate

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

APPLICANT

Y	N	I have made a commitment to complete all requirements of the identified West Virginia Board of Education (WVBE) approved alternative certification program.(Policy 5901)
Y	N	I understand that I must continue to make satisfactory progress throughout the program in order to qualify for renewal of the alternative teaching certificate. I understand that I must meet the complete WVBE requirements (Policy 5202) before I will be issued an initial West Virginia Professional Teaching Certificate.

SCHOOL DISTRICT

Name of the WVBE Approved Alternative Certification Program:

Projected AC Program Enrollment Date:

Requested Endorsement(s):	1. Endorsement:	2. Endorsement:	3. Endorsement:
Requested Grade Level(s)	1. Grade Levels:	2. Grade Levels:	3. Grade Levels:

ELIGIBILITY AND QUALIFICATIONS CRITERIA

Y	N	Applicant meets general requirements identified in Policy 5202, Section 9.1.	GENERAL EDUCATION APPLICANTS ONLY:		
Y	N	Applicant holds a bachelor's degree or higher from a regionally accredited institution of higher education with the required minimum cumulative GPA. (Official Transcripts Attached) (Refer to Policy 5202, Section 9.8.a)	Y	N	Applicant has passed all required content Praxis exam(s) for the requested endorsement area(s) (Documentation Attached) Date the applicant completed all required test(s): _____
Y	N	Applicant holds documentation verifying passing scores on WVBE-required basic skills exam or qualifying exemption. (Scores submitted to WVDE) Date the applicant met this requirement: _____	GENERAL EDUCATION APPLICANTS ONLY: (Select One)		
Y	N	Applicant has been formally offered employment within a critical need and shortage area. The position has been posted at least twice or for a minimum ten-day period. No fully-qualified (certified) applicant has applied for the position. Projected employment date: _____			The applicant holds relevant academic qualifications that reasonably indicate the candidate will be competent to fill the teaching position. (Transcripts)
					The applicant holds relevant occupational qualifications that reasonably indicate the candidate will be competent to fill the teaching position. (Submit form V10)
					Describe occupational qualifications relevant to the content area(s):

I hereby certify and agree with the following statements: The applicant is offered employment through a WVBE-approved alternative certification program pursuant to WVBE Policy and West Virginia State Code. The school district as the program provider, will provide all required alternative certification coursework, supports, supervision, induction and mentoring leading to an initial professional teaching certificate, according to the school district's WVBE-approved alternative certification program. The applicant's academic or occupational qualifications reasonably indicate the candidate will be competent to fill the teaching position and the applicant has submitted qualifying documentation. The school district will immediately notify the WVDE if the applicant completes, leaves or is removed from the alternative certification program and provide copies of the comprehensive evaluation report. The school district shall renew the alternative program teacher's contract if the alternative program teacher continues to make satisfactory progress, except as provided in §18A-3-1f-e. The alternative teaching certificate may be renewed twice for a total of three years in the program. All required evidence and evaluative documentation for the alternative certification program will be made available to the WVDE upon request.

Signature of Superintendent _____

School District _____

Date _____