



## 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

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. 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

**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 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 \_\_\_\_\_ 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.



West Virginia DEPARTMENT OF  
**EDUCATION**

REV 20171211

**Form 35—Advanced Credential**

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Application Description**

Advanced credentials may be awarded to educators for completing professional development, coursework and/or testing that exceeds the requirements for a professional certificate. Endorsements identified as advanced credentials have unique and specific requirements for issuance/renewals. Advanced credentials may be required for employment in West Virginia's schools.

**School District, RESA, Multi-County Center or ODTP**

**Application Type**

Select one of the following advanced credential options:

- Initial Personal Finance Education Specialist       Renewal of Personal Finance Education Specialist       Permanent Personal Finance Education Specialist
- Teacher Leadership for Building School and Community Culture       Teacher Leadership for Student Learning
- Teacher Leadership for Professional Learning       Permanent Business Education       Permanent Marketing Education

**Valid Professional Certificate (Select One)**

- The applicant holds a valid Professional Certificate issued by the West Virginia Department of Education (WVDE)  
Required endorsement(s), if applicable: \_\_\_\_\_
- The applicant holds a valid Professional Career and Technical Certificate issued by the WVDE  
Required endorsement(s), if applicable: \_\_\_\_\_

**Signature**

*I verify that the applicant is eligible and meet all requirements of WVBE Policy 5202 to hold the identified advanced credential and recommend that the advanced credential be issued. I have submitted all required supportive documentation with this application.*

\_\_\_\_\_  
**Superintendent, RESA Director, ODTP Director or Multi-County Center Director**

\_\_\_\_\_  
**Date**