



West Virginia DEPARTMENT OF  
**EDUCATION**



**Form 3 —Teacher in Residence Permit**

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

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

**Part 1 -Institutional Information**

**Please provide the following information:**

\_\_\_\_\_  
Name of College/University

\_\_\_\_\_  
Teacher in Residence placement dates

\_\_\_\_\_  
County of placement

\_\_\_\_\_  
Teacher in Residence institutional supervisor

\_\_\_\_\_  
Institutional supervisor's telephone number

\_\_\_\_\_  
Institutional supervisor's email

**Does the institution have a current Teacher in Residence (TIR) agreement with the above-mentioned WV County Board of Education and a WVBE approved TIR program?**

Y N

**Has the position to be filled by TIR been posted and no other teacher fully certified for the position has been employed?**

Y N

**Part 2 -Institutional Verification**

Please indicate the following:

**Candidate has successfully completed all WVBE required tests** (Refer to WVBE Policy 5202 Appendix B for complete listing).

Y N CASE Series -OR-

Y N Applicant qualifies for exemptions stated in WVBE Policy 5202 §126-136-10.1.2.c(F) (**Documentation required**)

-AND-

Y N — N/A Praxis II Content Test -AND- Y N N/A Praxis II—PLT

**Applicant GPA**

Y N Applicant's GPA is 3.0 or higher.

Length of residency: One Semester Full Year Dates: \_\_\_\_\_

Content Specializations	Grade Level(s)	Name of Public School

*I swear or affirm under the penalty of perjury 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 permit that I am seeking. I intend to complete the above-listed residency according to the institutional guidelines and WVBE Policy 5202 requirements.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Superintendent Signature

\_\_\_\_\_  
Date

**Position posting(s)  
must be included  
with application**

**Please verify the following information:**

Y N The candidate is enrolled in a state-approved program and is in good standing.

Y N \_\_\_\_\_

*I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and physically, mentally, and emotionally qualified to perform the duties of teacher. To the best of my knowledge, the applicant has disclosed information regarding any criminal conviction or currently pending charged felony or misdemeanor. I recommend that s/he be granted the permit based on meeting the institution state approved program and WVBE Policy 5202 requirements.*

\_\_\_\_\_  
Signature of Authorized Institution Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date