



Office of Certification
and Professional Preparation
Building 6, Room 304
1900 Kanawha Boulevard, East
Charleston, WV 25305
304-558-7010 07/14/2017

Applicant Information Page for Credentials 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 |
| | | | 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. You may pay online at <https://wveis.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)

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 |
|-----|----|------------------------|
| | | |
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* 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 20151211

**Form 44—ASHA, NBCC, WVBEC, NASP, or NBCSN Board Certification
Salary Supplement Renewal**

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

| Certification Verification This portion of the application to be completed by the applicant. | | Employment Verification This portion of the application MUST be verified and signed by the county. | |
|--|---|---|-----------------------------|
| Please indicate the type of board certification held: * | | Please indicate the position in which the applicant is <i>currently employed</i> within the WV public school system: | |
| <input type="checkbox"/> | American Speech-Language-Hearing Association (ASHA) | <input type="checkbox"/> | Audiologist |
| <input type="checkbox"/> | National Board of Certified Counselors (NBCC) | <input type="checkbox"/> | School Counselor |
| <input type="checkbox"/> | West Virginia Board of Examiners in Counseling (WVBEC) | <input type="checkbox"/> | Speech-Language Pathologist |
| <input type="checkbox"/> | National Association of School Psychologists (NASP) | <input type="checkbox"/> | School Psychologist |
| <input type="checkbox"/> | National Board for Certification of School Nurses (NBCSN) | <input type="checkbox"/> | School Nurse |
| Please indicate the current board certification expiration date: _____ | | Today's Date: | |
| | | Employing County: | |
| | | _____ Signature of County Superintendent | |

*** This application is for use in "renewing" an existing salary supplement only.**

A copy of the board certificate or card reflecting the current board certification expiration date MUST accompany this application. A completed applicant information page also must be submitted.