



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 or Community Program Director _____ 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.



Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Form 50—Community Program Authorization

Information listed on this application must be supported by official documentation such as official seal-bearing college or university transcripts.

Verification of Employment

NOTE: A completed and signed Applicant Information Page must be attached.

Applicant is currently employed through a Pre-School Partnership: YES NO

Employment assignment date: _____

Community Program Partner _____ County Public School System Partner _____

Applicant has a minimum of one year in Early Education Teaching experience: YES NO

Email address for Community Program Director: _____

Check one:

- Permanent Authorization**—All certification requirements are met (college/university degree, all specialized coursework, work experience, and current employment)
- Temporary Authorization**—Some certification requirements are met (college/university degree, some specialized coursework and/or professional development, and current employment)
- Renewal of the Temporary Authorization**—Initial Authorization awarded previously and a successful completion of two specialized trainings (after the effective date of the most recently awarded au-

Verification of Required College/University Degree

Check one or more:

- Bachelor's Degree: Area of Specialization** _____
- Master's Degree or Higher: Area of Specialization** _____

(Renewal ONLY) Commitment for Completing Required College Coursework and/or Professional Development for Specialized Training

I understand that I am responsible for meeting any remaining requirements to renew the Temporary Authorization for Community Programs until **all** requirements listed below are met for the issuance of a Permanent Authorization for Community Programs.

	Semester Coursework (Official Transcript Required)		Equivalent Professional Development (Supporting Documentation MUST be included)			
	Course name	Term Date	Title	Clock hrs	Trainer	Date Completed
1. Preschool Special Education						
2. Child Development						
3. Pre-School Curriculum						
4. Early Language and Literacy						
5. Assessment of Young Children						
6. Family & Community Involvement						

Signature of County Superintendent OR Director of Community Pre-School Program

Date

Signature of Applicant

Date