



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

* 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 60—Paraprofessional Certificate-Educational Interpreter (County employment required)

Social Security Number: _____

Last Name: _____

First Name: _____

MI: _____

REV 20160920

Certification Request

Check one:

- Permanent Certificate** — All certification requirements are met (hold national certification/minimum 3.5 EIPA performance score, all academic requirements are met, and passing EIPA-Written Test score)
- Initial Certificate** — All certification requirements are **NOT** met (must hold national certification or minimum 3.0 EIPA performance score, and completed coursework) - may be renewed **Two (2)** times
- Renewal Certificate** — Initial Certificate awarded previously and successful completion of 15 clock hours of WVDE approved professional development activities

Verification of Education

The applicant holds the minimum of a high school diploma or GED.

YES Verification attached

National Certification

EIPA-Performance Score (circle one) 3.5 3.0 Not taken

EIPA-Written
 NIC

NAD Level IV
 VQAS

State Competency Exam

The applicant has taken and passed the current state competency exam for aides developed pursuant to W. Va Code §18A-4-8e and have satisfied this requirement.

YES Verification attached

DATE: _____

Basic Skills (3 Semester Hours in Each or Equivalent Training)

	Courses Claimed			Praxis I— CORE	
	Dept.	Course Name	Date	Score	Date Completed
Reading					
Writing					
Math					

General Studies (6 Semester Hours Required in Any Combination)

	Courses Claimed		
	Dept.	Course Name	Date
Humanities OR			
Fine Arts OR			
Science OR			
Social Studies			

Required Courses (3 Semester Hours in Each or Classroom Experience)

	Courses Claimed		
	Dept.	Course Name	Date
Classroom Management			
Special Education*			
Computer Literacy			
Human Growth & Dev. or Psychology			
Elective			
Elective			
Elective			

Classroom Experience	
Year	Specific Assignment

* If two years of classroom experience is being used in lieu of coursework for the Special Education requirement, it is also required to document ten (10) clock hours of in-service training directly related to special education.

Information listed on this application must be supported by official documentation such as official seal-bearing transcripts, score reports, certificates of completion, or any other sources of verification. Failure to produce such documentation may result in the formal denial of this application.

Applicant Information Page must be attached.