



Office of Certification  
and Professional Preparation  
Building 6, Room 304  
1900 Kanawha Boulevard, East  
Charleston, WV 25305  
304-558-7010 12/11/2017

**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/RESA Director/Multi-County/ODTP \_\_\_\_\_ County/RESA/Multi-County Center/ODTP \_\_\_\_\_ 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 V18—Adult Permit for EMG and Fire Service Training**

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

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

Please verify the following:

**INITIAL CERTIFICATION**

**RENEWAL OF CERTIFICATION**

**Initial Emergency Medical GYfj JWg Certification**

**Initial Fire Service Certification**

Please verify the following information for INITIAL Certification:

Please verify the following information for INITIAL Certification:

<b>Y N</b>	Minimum of High School Diploma or equivalent (Copy Attached and on file at RESA)
<b>Y N</b>	Minimum 4 years required volunteer/paid work experience (Form V10 is attached and on file at RESA)
<b>Y N</b>	Valid WV EMT/Paramedic License or National Registry EMT/Paramedic (Documentation on file at RESA)
<b>Y N</b>	Valid CPR instructor certification (Documentation on file at RESA)
<b>Y N</b> Date: _____	Achieved score of 85% or higher on WVDE approved examination (Documentation on file at RESA) (completion date required)
<b>Y N</b> Date: _____	Completed approved instructor training program for EMT instructors (Documentation on file at RESA) (completion date required)
<b>Y N</b> Date: _____	Completed approved field based experience for EMT instructors (Documentation on file at RESA) (completion date required)

<b>Y N</b>	Minimum of High School Diploma or equivalent (Copy Attached and on file at RESA)
<b>Y N</b>	Minimum 4 years required volunteer/paid work experience (Form V10 is attached and on file at RESA)
<b>Y N</b> Date: _____	Achieved score of 85% or higher on WVDE approved examination (Documentation on file at RESA) (completion date required)
<b>Y N</b>	Valid CPR certification (Documentation on file at RESA)
<b>Y N</b>	Valid First Aid or Advanced EMS certification (Documentation on file at RESA)

**Indicate that the applicant completed required training in the following areas and the completion date where required (Documentation on file at RESA):**

<b>Y N</b> Date: _____	Hazardous materials	<b>Y N</b> Date: _____	Firefighting
<b>Y N</b> Date: _____	Instructor training program	<b>Y N</b> Date: _____	Field-based experience in fire instructor training

**For RENEWAL ONLY OF EMG Certification**

**For RENEWAL ONLY of Fire Service Certification**

<b>Y N</b>	The applicant meets the following WVBE Policy 5202 requirements as verified by documentation filed by the RESA Public Service Training Coordinator. This documentation is on file at the RESA.
------------	--

<b>Y N</b>	The applicant meets the following WVBE Policy 5202 requirements as verified by documentation filed by the RESA Public Service Training Coordinator. This documentation is on file at the RESA.
------------	--

**A. Applicant completed 30 hours of teaching in an approved EMS or Refresher Course:**

Date:	Location:	
Date:	Location:	
Date:	Location:	

**A. Applicant completed 30 hours of teaching activity in an approved fire service or related course:**

Date:	Location:	
Date:	Location:	
Date:	Location:	

**6. Applicant attended at least three approved instructor seminars:**

Date:	Location:	
Date:	Location:	
Date:	Location:	

**B. Applicant attended at least three approved instructor seminars:**

Date:	Location:	
Date:	Location:	
Date:	Location:	

**Signature of RESA Public Service Training Coordinator**

**7. Applicant holds valid:**

Expiration Date: _____	WV EMT, WV Paramedic, National Registry EMT or National Registry Paramedic Certification (Documentation on file at RESA)
Expiration Date: _____	CPR Instructor Certification (Documentation on file at RESA)

*As the Regional Public Service Training Coordinator, I verify the information on this application is truthful and accurate. Additionally, I certify that the applicant is eligible to hold the requested licensure. I will make all of the applicant's documentation available to the WVDE upon request.*

Signature \_\_\_\_\_ RESA # \_\_\_\_\_ Date \_\_\_\_\_