



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.



West Virginia DEPARTMENT OF  
**EDUCATION**

20170110

**Form 41 - Early Childhood Classroom Assistant Teacher Authorization**

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

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

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

**Verification of Employment**

**Applicant Information Page must be attached.**

Applicant is currently employed as an Early Childhood Classroom Assistant Teacher (Signature Required):

Community Program Director \_\_\_\_\_ County Director \_\_\_\_\_

Community Program Director Email \_\_\_\_\_

**YES**   
ECCAT Date \_\_\_\_\_

**NO**   
Permanent Only

Applicant is employed by West Virginia Public School District.  
(If yes, complete State Competency Exam section below)

**YES**

**NO**

**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 has satisfied this requirement

**YES**  **Date:** \_\_\_\_\_

**Verification attached**

**Verification of Education**

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

**YES**

**Documentation attached**

**Certification Request**

**Check one:**

- Initial Temporary Authorization—Some certification requirements are met (current employment).
- Renewal of the Temporary Authorization—Initial Authorization awarded previously and a successful completion of one specialized training (after the effective date of the most recently awarded). Authorization may be renewed twice (not valid for CTE route).
- Permanent Authorization—All certification requirements are met.  Eligible to retire by July 1, 2020 \_\_\_\_\_

County Director Signature

**Authorization Pathway**

- Early Childhood WVDE Approved Course Work
- Child Development Associate (CDA) Credential™
- West Virginia Apprenticeship for Child Development Specialists (ACDS)

**Commitment for Completing Required College Coursework and/or Professional Development for Specialized Training**

I understand that I am responsible for meeting the requirements to renew the Initial Early Childhood Classroom Assistant Teacher Temporary Authorization until all requirements are met for the issuance of the Early Childhood Classroom Assistant Teacher Permanent Authorization.

\_\_\_\_\_  
Signature (Not required when applying for permanent authorization)

\_\_\_\_\_  
Date

**Early Childhood WVDE Approved Course Work (Official College Transcripts or Copies of Certificates of Completion Required)**

	Course Name	Date
1. Early Childhood Language & Literacy		
2. Early Childhood Special Needs Instruction		
3. Child Development		

**West Virginia Apprenticeship for Child Development Specialists (ACDS) (Copies of Official Certificates of Completion Required)**

	Instructor Name	Date Complete
1. First Semester		
2. Second Semester		
3. Third Semester		
4. Fourth Semester		

\*Copy of semester certificate of completed coursework required for renewal.

\*Copy of Official Certificate issued by United States Department of Labor required when applying for permanent endorsement.

**Child Development Associate (CDA) Credential™**

	CDA Advisor (Signature Required)	ID #	Date
1. 160 professional experience hours & appropriate required assignment(s)			
2. 320 professional experience hours & appropriate required assignment(s)			
3. 480 professional experience hours & appropriate required assignment(s)			

\*Copy of Official Certificate issued by National Credentialing Agency required for permanent endorsement (must be current)

\_\_\_\_\_  
Signature of Superintendent or Director of Community Pre-School Program

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date