Applicant Information Form

Certification License #: _____

Office of Certification
1900 Kanawha Boulevard, East
Building 6, Suite 550
Charleston, WV 25305
(304) 558-7010
wvde.us/certifications

Personal Information (REQUIRED)

_____ _____

Certification License Number
(Register or look-up your license number: https://wveis.k12.wv.us/certportal/)

Birth Date (MM/DD/YYYY)

_____ _____ _____ _____

Last Name **First Name** **MI** **Previous Last Name (or Maiden)**

*If your name has changed since your last application, **proof of name change must be attached**, e.g. Copy of marriage certificate, etc.*

_____ _____ _____ _____

Street Address **City** **State** **Zip Code**

_____ _____ _____

Primary Phone **Secondary Phone** **Email (Required)**

Gender: _____

Options: Male, Female, No Answer

U.S. Citizen: _____

Options: Yes, No

Military Status: _____

Options: U.S. Veteran, Spouse of U.S. Veteran, Not Applicable

Indicate Race and Ethnicity:

- ☐ No Answer
- ☐ Hispanic
- ☐ American Indian/Alaskan Native
- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ Middle Eastern/North African (MENA)
- ☐ Native Hawaiian/Other Pacific Islander

Are you employed by a West Virginia School System (Y/N): _____

If **yes**, please indicate the school county system: _____

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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 any/all other information that explains the circumstance(s) in detail.

	Indicate Yes / No	If yes, check if you have previously submitted
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 ported.) Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.*	_____	☐

*For a YES response to **items 5 and 6**, the following must be included for all charges, including those that have been dismissed:

1. Charging Document; and
2. Judgement Order; or
3. Final Disposition; and
4. All other relevant court documentation.

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Background Check

Pursuant to W. Va. Code §18A-3-2a and W. Va. C.S.R. §126-136-9, applicants for initial licensure (including first-time applicants) must complete a fingerprint-based background check through IdentoGo (Link to IdentoGo: https://www.identogo.com), which includes both West Virginia State Police and FBI records.

Select the option below that best describes your certification history in West Virginia:

☐ I have previously received Certification in WV.

☐ I have never held WV Certification and will complete a background through IdentoGo. All first-time applicants **must** have fingerprints processed by IdentoGo.

For fingerprinting instructions, visit our First Time Applicants page (Link to First Time Applicants page: https://wvde.us/certifications/first-time-applicants)

Please note: Background checks completed outside of the West Virginia Department of Education's required process cannot be accepted.

Scheduling your IdentoGo Appointment

Once your application is received by the Office of Certification, a fingerprint service code will be sent to your email along with instructions on how to schedule your appointment with IdentoGO and what identification or supporting documents to bring.

You must use this code when scheduling your appointment to ensure your West Virginia State Police and FBI background check results are properly submitted to the WVDE. If the correct service code is not used, your background check will not be valid for West Virginia Department of Education certification purposes, and you may be required to submit and pay for an additional background check.

Additionally, the Office of Certification must receive your completed background check **within 30 days** of your application submission, or your application may be denied.

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Applicant Signature (Required)

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.

The WVDE collects personal and non-personal information. Any information submitted or on record may be open to public inspection and/or publication as per our privacy policy located on our website.

_____ _____

Signature of Applicant **Date (MM/DD/YYYY)**

Superintendent Recommendation (Required if employed by a WV School System)

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 assigned duties. I recommend that s/he be granted certification.

_____ _____ _____

Signature of Superintendent, Multi-County CTE Administrator, or WVSDT Superintendent/Designee Signature **County** **Date (MM/DD/YYYY)**

Form 65

Conversion of Non-Transferable Certificate or Non-US Citizen Permit

Certification License #: _____

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Building 6, Suite 550
Charleston, WV 25305
(304) 558-7010
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Applicant Information

_____

Certification License Number (Register or look-up your license number: https://wveis.k12.wv.us/certportal/)

_____ _____ _____

Last Name **First Name** **MI**

Conversion of Non-U.S. Citizen Permit or Non-Transferable Certificate (Cert 26) to a Transferable Certificate

The applicant is applying for conversion of a valid Non-United States Citizen Permit or a Non-Transferrable Certificate (Cert 26) to the following Transferrable Certificate (select one):

☐ 3-Year Professional Teaching Certificate
☐ 3-Year Professional Student Support Certificate
☐ 3-Year Professional Administrative Certificate
☐ 5-Year Professional Certificate (Teaching, Student Support or Administrative)
☐ Permanent Professional Certificate (Teaching, Student Support or Administrative)

Part 1 – Conversion Information

Applicant currently holds a valid Non-United States Citizen Permit and is applying for conversion to the identified Initial Professional Certificate(s). The applicant meets all conversion requirements for the requested certificate.

☐ **Yes** ☐ **No**

Applicant has acquired US Citizenship or Permanent Residency. (appropriate official US government documentation required)

☐ **Yes** ☐ **No**

Applicant has passed all WVBE required exams necessary, as applicable, to hold the identified certificate. (example: basic skills, content and professional education for teaching) or has passed the Teacher Performance Assessment to receive a transferable certificate or five years of full-time experience.

☐ **Yes** ☐ **No**

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Part 2 - Renewal/Conversion Options If Permit is Expiring (all coursework for renewal requires 3.0 GPA)

Select One:

☐ Six (6) semester hours of coursework related to the public-school program. **OR** Six (6) semester hours of coursework prescribed by the county as a result of an evaluation

☐ Master's plus 30 hours Salary Classification Minimum.

☐ Age 60 or greater (photocopy of birth certificate required, six (6) semester hours not required)

☐ Five-Year Certificate, Master's, Beginning Educator Internship and five (5) years full-time experience (Permanent Only). National Board for Professional Teaching Standards Certification "reflected on WV Credential."

Part 3 – Beginning Educator Internship

_____

Completion Date of Beginning Educator Internship (Required for Teaching Certificate)

Part 4 – Superintendent's Verification of Applicant's Experience

(To be completed by county official, if applicable)

School Year	Employing County	Location	Grade Level Assignment

Form 65

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Applicant Signature

_____ _____

Applicant Signature **Date**

Superintendent Signature

_____ _____

Superintendent Signature **Date**