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: _____

Yes
No

Military Status: _____

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 25

Alternative Teaching Certificate

Certification License #: _____

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(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**

Applicant Commitment

I have made a commitment to complete all requirements of the identified West Virginia Board of Education (WVBE) approved alternative certification program (Policy 5901). I understand that I must continue to make satisfactory progress throughout the program to qualify for renewal of the alternative teaching certificate. I understand that I must meet the complete WVBE requirements (Policy 5202) before I will be issued an initial West Virginia Provisional Teaching Certificate.

_____

Typed Initials

School District

_____ _____

Name of WVBE Approved Alternative Certification Program **Projected AC Program Enrollment Date**

Requested Endorsement(s)	Requested Grade Level(s)

Form 25

Alternative Teaching Certificate

Certification License #: _____

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Eligibility and Qualifications Criteria

Check the boxes below to indicate eligibility and qualifications criteria.

☐ **Applicant meets general requirements identified in Policy 5202, Section 9.1.**

☐ **Applicant holds a bachelor's degree or higher from a regionally accredited institution of higher education with the required minimum cumulative GPA (Official Transcripts Attached) (Refer to Policy 5202).**

☐ **Applicants hold documentation verifying passing scores on WVBE-required basic skills exam or qualifying exemption (Scores submitted to WVDE**).

Date the applicant met this requirement: _____

☐ **The Applicant has been formally offered employment within a critical need and shortage area. The position has been posted at least twice or for a minimum ten-day period. No fully qualified (certified) applicant has applied for the position. Job posting documentation is required.**

Projected Employment Date: _____

GENERAL EDUCATION APPLICANTS ONLY

Check the boxes below to indicate eligibility and qualifications criteria for general education applicants.

☐ **The Applicant has passed all required content Praxis exam(s) for the requested endorsement area(s) or a qualifying exemption (Documentation Attached).**

Date the applicant completed all required tests: _____

SELECT ONE OPTION BELOW:

☐ **The applicant holds relevant academic qualifications that reasonably indicate the candidate will be competent to fill the teaching position (Transcripts).**

☐ **The applicant holds relevant occupational qualifications that reasonably indicate the candidate will be competent to fill the teaching position (Submit form V10).**

Describe occupational qualifications relevant to the content area(s):

_____

_____

Form 25

Alternative Teaching Certificate

Certification License #: _____

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Employing Superintendent Signature

I certify the applicant is eligible for employment through a WVBE-approved alternative certification program. The school district will provide all required training, support, supervision, notify the WVDE of any program changes, and comply with all applicable WVBE policies regarding alternative certification.

_____	_____	_____
Employing Superintendent Signature	**School District**	**Date**