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**

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 certification that I am seeking or currently holding. 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.

_____ _____

Applicant Signature **Date**

Educator Preparation Provider Recommendation

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.

_____ _____

Educator Preparation Provider Recommendation Designee Signature **Date**

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 1S

First-Class/Full-Time Permit for Student Support

Certification License #: _____

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_____ _____ _____

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

Applicant Agreement

_____

Name of Institution where you are enrolled/enrolling to complete requirements for certification

By initialing this agreement:

A) I am making a formal commitment to completing the IHE approved educational preparation program leading to licensure at the institution named above.

B) I understand it is my responsibility to complete at least six semester hours of credit with a minimum 3.0 GPA in each course each year to renew my permit or out-of-field authorization.

C) I understand that I must satisfy all course and testing requirements to be eligible for the professional license in this specialization(s) within five (5) years from the date of issuance of the original permit.

_____

Typed Initials

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Employing County

☐ **Original First-Class/Full-Time Permit (Certificate 81)**

☐ **Renew First-Class/Full-Time Permit (Certificate 81-2)**

☐ **New Assignment**

_____
Employing County

_____
Location of Position

_____
Endorsement required for position and grade range of position

_____
Date candidate will begin position/continue position

☐ **A copy of the job posting is included for initial licensure.**

☐ **The online waiver has been submitted (if applicable).**

Institution of Higher Education Recommendation

Original Permit (Certificate 81)

☐ **Candidate has completed 30% or 21 graduate semester hours, whichever is greater, of the IHE-approved program in school counseling where the candidate has commenced pre-clinical/field experience coursework.**

☐ **Candidate has completed 70% of the IHE-approved program for School Psychologist.**

☐ **Candidate has NOT met the minimum requirements in School Counseling or School Psychologist to receive a permit.**

☐ **Candidate has completed 25% of the state-approved program for Speech Language Pathologist or Social Services and Attendance.**

☐ **Candidate has NOT completed 25% of the state-approved program for Speech Language Pathologist or Social Services and Attendance.**

Renewal Permit (Certificate 81-2) *List courses completed for renewal below at the bottom box.

☐ **Candidate has completed 6 semester hours of coursework in a state-approved program for School Counseling or School Psychologist.**

☐ **Candidate has NOT completed 6 semester hours of courses in the IHE-approved program for School Counseling or School Psychologist.**

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☐ **Candidate has completed 25% of the IHE approved program leading to licensure including 6 hours of coursework with a "B" or above in each course for Speech Language Pathologist, or Social Services and Attendance. ***

☐ **Candidate has not completed 25% of the program and not eligible to renew the permit for Speech-Language Pathologist, or Social Services and Attendance.**

ENDORSEMENT

_____ _____

Endorsement as per WVBE Appendix A **Grade Levels**

List Renewal Coursework Below

Term	Course Number & Title	Grade	Hours

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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.

_____ _____

Applicant Signature **Date**

Institution of Higher Education Signature

I certify that the applicant is enrolled in a program leading to a bachelor's or master's degree in nursing or a certification licensure program leading to an endorsement in School Nurse in accordance with the Employing County section on this form.

_____ _____

Designated College Official Signature **Date**

County Superintendent Signature

I verify that this candidate is the most qualified individual for a position in which no certified candidate has applied, and I have informed the candidate that they must satisfy renewal requirements as specified in WVBE Policy 5202 or they will not be eligible for reassignment to this position.

_____ _____

Superintendent Signature **Date**