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, to the best of my knowledge. 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 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, to the best of my knowledge. 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 24C

Restricted Clinical Experience Permit

Certification License #: _____

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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**

IHE Certification Officer Verification

_____ _____
Name of IHE **State**

_____ _____
Applicant's Endorsement Area **Grade Level**

_____ _____
Experience Placement Dates **WV County of Placement (1)**

_____ _____
WV County of Placement (2) (if applicable) **Name of WV Public School Placement**

_____ _____
Name of Accredited WV Non-Public School Placement **Student Teacher IHE Supervisor**

_____ _____
IHE Supervisor's Telephone Number **IHE Supervisor's Email**

Please note: A Focused Supervision Plan must be submitted with this application

Form 24C

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Cooperating Teacher

Complete applicable section below to indicate requirements are met. For unmet requirements, a letter of recommendation from the host school principal must be provided. Cooperating Teacher License Number can be found via public search (public search: wveis.k12.wv.us/certcheck/).

_____ _____

Cooperating Teacher License # **2nd Cooperating Teacher License # (if applicable)**

Holds a minimum of a 5-Year Certificate ☐ **Yes** ☐ **No**

Holds a minimum of 3 years of experience in the appropriate endorsement area(s) ☐ **Yes** ☐ **No**

IHE and School District/School Verifications

The applicant has met all requirements of WVBE Policy including Praxis CASE except passing scores on content assessment(s) to receive a Restricted Clinical Experience Permit:

☐ **Yes** ☐ **No**

OR

The applicant is exempt from the Core Academic Skills for Educators (CASE) based on one or more of the following:

☐ **SAT Score** ☐ **ACT Score** ☐ **GRE Score** ☐ **Holds a Master's degree or Higher**

☐ **Currently Seeking a master's degree in teaching, administration, or student support**

☐ **Other** **Other Exemption:** _____

Anticipated Clinical Placement

First Placement:

Content Specializations	Grade Level(s)	Name of School

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IHE Enrollment Verification

If submitted as an initial application a background check is required. If re-applying within 12 months or one school year of the first application, a new background check will **not** be required **IF** candidates have had no interruption in their preparation and have been continuously enrolled. **IF** they leave the program and re-apply, fingerprints/background will be required again. Mark **ONE** of the below options:

☐ **Initial Application** ☐ **Applicant has left the program and is re-applying**

☐ **Applicant is re-applying within 12 months or one school year of the first application and they have had no interruption in their preparation and have been continuously enrolled**

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Signatures

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above-requested placement under a Focused Supervised experience and I understand that the candidate has not met the minimum required passing scores on the WVBE-required licensure content assessment.

_____ _____

IHE Signature **Date**

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above requested placement based on meeting proficiency requirements to enter the clinical experience.

_____ _____

Superintendent Signature **Date**

Form 24C

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Focused Support Plan – IHE Information

_____
Name of IHE

_____
Applicant's Endorsement Area

_____
Grade Level

_____
WV County of Placement

_____
Experience Placement Dates

_____
Candidate's IHE Supervisor

_____
Name of WV Public School Placement

_____
IHE Supervisor's Telephone Number

_____
IHE Supervisor's Email

Focused Support Plan – IHE and School District/School Verifications

The applicant has at **minimum two unsuccessful attempts** on any content test(s) or sections required for licensure in the content area; **AND** The applicant has met all programmatic requirements of the approved program other than content testing passing scores; **AND** Has a B or better average in the content area in which they will be seeking licensure; **AND Receives the faculty's recommendation** (based on his/her performance dispositions, and evaluations) **that he/she meets all necessary proficiencies** other than content assessment passing scores to complete the clinical experience successfully ☐ **Yes** ☐ **No**

Faculty will ensure candidate utilizes Praxis support resources provided by the WVDE; **AND** Faculty will make assessment remediation resources available and assist candidate to prepare for the content assessment(s) ☐ **Yes** ☐ **No**

Please describe additional supervision and support provided by the EPP to the candidate during the experience:

_____

_____

_____

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I acknowledge that I will be completing the clinical experience under focused supervision. I understand that if I do not provide the required passing scores for all content exams once the experience is completed, I will only be eligible to obtain a temporary certificate once I receive employment or an offer of employment in a WV public school. I also understand that to renew the temporary certificate, I must remain employed full-time in a WV public school. In order to be eligible for an initial professional certificate, I will need to either provide the required passing scores for all content exams or successfully complete the edTPA at a WVDE-stipulated score and have the minimum required 3-years of teaching experience.

_____ _____

Applicant Signature **Date**

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above requested placement based on meeting proficiency requirements to enter the clinical experience.

_____ _____

IHE Signature **Date**

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application. I understand the candidate will be placed in one of our county schools under focused supervision of the IHE and the cooperating teacher and that the candidate has not met the minimum required passing scores on the WVBE-required licensure content assessment.

_____ _____

Superintendent Signature **Date**