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 24A

Clinical Experience Permit Renewal, Revision, or Conversion

Certification License #: _____

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1900 Kanawha Boulevard, East
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Charleston, WV 25305
(304) 558-7010
wvde.us/certifications

Applicant Information

***NO FEE REQUIRED**

_____
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**

_____ _____
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

Applicants from institutions located outside WV (including online institutions) must have submitted and been approved for a Non-WV Out-of-State Clinical Experience Request (Form 23). If one has not been submitted and approved, a Form 24 cannot be approved.

Out-of-State IHE candidates must complete all required testing in accordance with their approved program. **Out-of-State IHE candidates must obtain the county superintendent's signature before this application is submitted to WVDE.**

Form 24A

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IHE Revision Request and School District/School Verification

☐ **Change in County Placement** ☐**Renewal of Clinical Experience Permit**

☐ **Conversion to the Long-Term Year-Long Residency Clinical Permit from a Short-Term Residency Permit****

☐ **Yes** ☐ **No**

**The applicant has successfully completed the Praxis II Content Exam.

Anticipated Clinical Placement

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/).

First Placement:

Cooperating Teacher holds ☐ **5-Year Certificate** ☐ **3 Years Experience**

Cooperating Teacher License #	Content Specializations	Grade Level(s)	Name of School

Second Placement:

Cooperating teacher holds ☐ **5-Year Certificate** ☐ **3 Years Experience**

Cooperating Teacher License #	Content Specializations	Grade Level(s)	Name of School

Third Placement:

Cooperating teacher holds ☐ **5-Year Certificate** ☐ **3 Years Experience**

Cooperating Teacher License #	Content Specializations	Grade Level(s)	Name of School

Form 24A

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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:

☐ **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.**

Form 24A

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IHE Signature

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 having met all necessary WVBE Policy and program requirements.

_____ _____

IHE Signature **Date**

Superintendent, Multi-County Center, or WVSDT Superintendent Signature

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 having met all necessary placement requirements.

_____ _____ _____

Superintendent, Multi-County Center, or WVSDT Superintendent Signature **County or Multi-County Center** **Date**