

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:

U.S. Citizen:

Military Status:

Indicate Race and Ethnicity: No Answer

Options Male
Female
No Answer

Yes
No

U.S. Veteran
Spouse of U.S. Veteran
Not Applicable

- ☐ 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
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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 reported.) 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 24

Clinical Experience Permit

Certification License #: _____



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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

Please note: 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 the West Virginia Department of Education. **This is not applicable to those enrolling in Option 4: WVDE Alternative Certification Program.**

Form 24

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IHE and School District/School Verifications

The applicant has met the following requirements as per WVBE Policy to receive a Clinical Experience Permit:

☐ Yes ☐ No

Core Academic Skills for Educators Exam (CASE)

OR

The applicant is exempt from the Core Academic Skills for Educators (CASE) based on one or more of the following, per WV Licensure Testing Directory:

☐ 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: _____

AND

Praxis II Content Exam as per WVBE Policy

☐ Yes ☐ No

☐ Applicant is seeking enrollment in an Option 4: WVDE Alt Cert Program

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Anticipated Clinical Placement

***For unmet requirements, a letter of recommendation from the host school principal must be provided.

First Placement:

Cooperating Teacher***

☐ 5-Year Certificate

☐ 3 Years Experience

Content Specializations	Grade Level(s)	Name of School

Second Placement:

Cooperating Teacher***

☐ 5-Year Certificate

☐ 3 Years Experience

Content Specializations	Grade Level(s)	Name of School

Third Placement:

Cooperating Teacher***

☐ 5-Year Certificate

☐ 3 Years Experience

Content Specializations	Grade Level(s)	Name of School

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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IHE Signature, Option 4 Coursework Provider

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 he/she be allowed to complete the above-requested placement based on having met all necessary WVBE Policy and Program requirements.

IHE Signature, Option 4 Coursework Provider

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