

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

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 23

Observation or Clinical Experience Permit (Out-of-State IHE)

Certification License #: _____



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***NO FEE REQUIRED**

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Last Name

First Name

MI

To Be Completed by Institution of Higher Education (IHE) Only

Please provide the following information:

Name of College/University

State

Experience Placement Dates

Name of supervising official from College/University

Title of supervising official from the College/University

Address (Line 1) of Institution

Address (Line 2) of Institution

City

State

Zip

Email address of supervising official

Telephone Number of supervising official

Form 23

Observation or Clinical Experience Permit (Out-of-State IHE)

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Please verify the following information:

The program the candidate is completing is state approved and leads to certification in the state in which the institution is located. ☐ **Yes** ☐ **No**

The candidate has completed all program requirements including all required tests if applicable (Praxis or state specific) prior to commencing listed experience(s). ☐ **Yes** ☐ **No**

The candidate is enrolled, in good standing, and has a GPA of 2.5 or higher. ☐ **Yes** ☐ **No**

Institutional and District Verifications

Please Complete the following:

Types of Experience Requested: ☐ **Observation** **OR** ☐ **Clinical experience (Requires Form 24)**

Type of Certificate Sought (Select One): ☐ **Teaching** ☐ **Administration** ☐ **Student Support**

Does College/University (Part 1) have a current agreement with a WV School District/School of placement? (only required for clinical experience): ☐ **Yes** ☐ **No**

Who is responsible for securing the requested placement? ☐ **Candidate** **OR** ☐ **College/University Supervisor**

Name: _____
(Complete if Selected College/University Supervisor in above question)

Will the requested experience be supervised on-site by a College/University representative? ☐ **Yes** ☐ **No**

If no, who will supervise: _____
(Complete if Selected No in above question)

Will cooperating with classroom teacher at assigned site be compensated? ☐ **Yes** ☐ **No**

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NOTE: Out of State IHE candidates **must complete** all required testing in accordance with their approved program. If the out-of-state IHE does not require any content exam(s), the candidate must pass the appropriate Praxis II as per the WVDE Licensure Testing Directory.

Projected Placements:

Content Area(s) Requested	Grade Level(s)	Name of School

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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 based on having met all necessary WVDE policy and program requirements.

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

County or Multi-County Center

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 having met all necessary WVDE policy and program requirements.

Signature of Authorized Institution Official

Title

Date

Official Recommendation from the Designated Official of the WV Higher Education Policy Commission

Signature of Authorized Institution Official

Title

Date