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 (Required)**

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 license(s) that I am seeking or currently hold.

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.

_____ _____

Signature of Applicant **Date (MM/DD/YYYY)**

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 33

Fee Reimbursement for National Certification
(ASHA, NBCC, WVBEC, NASP, or NBCSN)

Certification License #: _____

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Applicant Information

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

Fee Reimbursement Request

☐ **Extra Expenses (Up to a maximum of $600 allowable)** **Amount:** _____

For National Board Expenses Reimbursement

A numbered receipt for each item being claimed for extra expenses;

AND A copy of an official certificate or correspondence from ASHA, NBCC, WVBEC, NASP, or NBCSN verifying that board certification has been granted;

AND A completed Part 2 Section of this application page.

Submit both pages of the Form 33 application, a completed and signed applicant information page, and all other documentation required above to the WVDE by September 15.

These applications will be batch-processed once per year after September 15th.

Reimbursement of National Board Expenses

Please read the following instructions carefully: Applicants who have completed the board certification program are eligible for reimbursement of actual expenses **($600 maximum)** incurred while completing the program. **The expenses itemized below must be accompanied by receipts that are numbered and attached to an 8-1/2" x 11" sheet(s) of white paper.** These items may include purchases such as application fees, tuition for board certification preparation classes, educational supplies, postage, etc. Items ***ineligible*** for reimbursement includes any durable goods, such as video recorders, projectors, or computer equipment, as well as late or penalty fees.

Form 33

Fee Reimbursement for National Certification
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Date	Receipt Number	Item	Cost

Total Amount Requested for Extra Expenses Only (Limited to $600): _____

Guidelines for National Board Reimbursement

In accordance with W. Va. Code §18A-4 fee reimbursement program, the applicant must meet all board certification eligibility criteria; have completed the board certification program; and be employed by the WV public school system.

Board Certification Verification

Please indicate the type of board certification held (check one only):

☐ **American Speech-Language Hearing Association (ASHA)**

☐ **National Board of Certified Counselors (NBCC)**

☐ **West Virginia Board of Examiners in Counseling (WVBEC)**

☐ **National Association of School Psychologists (NASP)**

☐ **National Board for Certification of School Nurses (NBCSN)**

_____
Initial Board Certification Effective Date

_____
Current Board Certification Expiration Date

*A copy of the board certificate, board certification card, and/or documentation from the board certification agency verifying both the initial effective board certification date and the current expiration date **MUST** be included with this application.*

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Employment Verification — to be completed by the Employing County

Please indicate the position below in which the applicant is employed within the WV public school system:

☐ **Speech-Language Pathologist** ☐ **School Psychologist** ☐ **School Counselor** ☐ **School Nurse**

_____

Original School Employment Hire Date as a Speech-Language Pathologist, Counselor, Psychologist, or Nurse

If there is a time lapse during total employment, such as for non-employed years, please indicate appropriate employment starting and ending dates:

From _____ **to** _____

From _____ **to** _____

From _____ **to** _____

From _____ **to** _____

From _____ **to** _____

From _____ **to** _____

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Applicant Signature

I certify that I have read the criteria for fee reimbursement, and I meet all eligibility criteria. I further certify that all information I have provided on the application is accurate and that I have completed the program requirements as indicated. 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 that I currently hold and grounds for denial of reimbursement or for repayment of such reimbursement to the State. I further certify that I am not requesting reimbursement for federal subsidy or other monies provided by a third-party payer and that all of the information I have provided on the application is accurate and truthful. I agree to repay all monies gained through submission of erroneous information.

_____ _____

Applicant Signature **Date**

County Superintendent Signature

I certify that this applicant is employed in the capacity noted above and meets the qualifications for this application.

_____ _____

County Superintendent Signature **Date**