

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:

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 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 37

National Board for Professional Teaching Standards (NBPTS) Fee Reimbursement

Certification License #: _____



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NBPTS Fee Reimbursement Request

*Reimbursement of Extra Expenses must be completed.

☐ **Enrollment in the NBPTS Initial Program (first half of the program fee)** **Amount:** _____

☐ **Completion of the NBPTS Initial Program (remaining half of the program fee)** **Amount:** _____

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

☐ **Maintenance of the NBPTS Certification** **Amount:** _____

Total Amount Requested: _____

For Enrollment Fee Reimbursement (Two Components)

- 1) A copy of correspondence from the NBPTS verifying enrollment in the program, with candidate ID number;
- 2) AND A copy of an NBPTS receipt verifying the payment made to the NBPTS 2 components and registration in the amount being claimed for enrollment fee reimbursement (should be 3 separate receipts).

For Completion Fee Reimbursement (After Completion and Submission of All Four Components)

- 1) A copy of an NBPTS receipt verifying the payment for the final 2 components (and additional registration if applicable) made to the NBPTS in the amount being claimed for completion fee reimbursement;
- 2) AND A copy of the NBPTS documentation verifying that all four components have been received by the NBPTS for final scoring;
- 3) OR A copy of correspondence from the NBPTS verifying that retakes are needed; OR A copy of documentation from the NBPTS verifying that NBPTS board certification has been granted.

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For Extra Expenses Reimbursement

- 1) A numbered receipt for each item being claimed for extra expenses;
- 2) AND A copy of documentation from the NBPTS verifying that NBPTS board certification has been granted;
- 3) AND A completed Part 2 Section of this application page.

For Maintenance Fee Reimbursement

- 1) A copy of an NBPTS receipt verifying the payment made to the NBPTS for the amount being claimed for maintenance fee reimbursement;
- 2) AND A copy of documentation from the NBPTS verifying the new expiration date of the maintained NBPTS board certification.

Reimbursement of Extra Expenses

Please read the following instructions carefully:

Applicants who have completed the NBPTS program are eligible for reimbursement of actual expenses **(\$600 maximum)** incurred while completing the program, unless a retake fee waiver has been granted.

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 tuition for NBPTS certification preparation classes, retake fees not waived, supplies, postage, equipment rental fees, etc. Items ineligible for reimbursement includes any durable goods, such as computers or video equipment.

Date	Receipt Number	Item	Cost

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

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Guidelines for NBPTS Reimbursement

In accordance with W. Va. Code §18A-4-2a regarding the NBPTS certification fee reimbursement program, the applicant for reimbursement must be a public-school classroom teacher as defined in W. Va. Code §18A-1-1; meet all NBPTS eligibility criteria; and be enrolled in or have completed the NBPTS certification program while employed as a classroom teacher (or counselor) in the WV public school system. An applicant may be reimbursed only once for enrollment in and once for completion of the NBPTS program. Additionally, a classroom teacher who achieves NBPTS certification may be reimbursed by a maximum of \$600.00 for actual extra expenses incurred while completing the NBPTS certification process.

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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 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