

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 25C

Comprehensive Evaluation Report

Certification License #: _____



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Last Name

First Name

MI

School District

Name of the WVBE-Approved Alternative Certification Program: _____

Requested Endorsement(s):

Endorsement 1 and Grade Levels: _____

Endorsement 2 and Grade Levels: _____

Passing Score Information for WVBE Required Exam(s)

The Alternative Certification Program participant has **received content preparation** coursework/training specific to the requested endorsement and passed all WVBE required exam(s) **for the endorsement area.** ☐ **Yes**

Required Recommendation

Check the applicable box below. Select **ONLY ONE** of the three options.

☐ **1. Approved** - Recommend issuance of a Provisional Teaching Certificate. The alternative certification program participant has completed all requirements of the WVBE approved alternative certification program (identified above). The placement of the candidate served as clinical experience within the requested endorsement(s) and within the identified grade level(s) (Official Transcript and/or Certificate of Completion with the completion date is attached)

Date of Completion: _____/_____/_____

Form 25C

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☐ **2. Insufficient** - Recommend a Provisional Teaching Certificate **NOT** be issued at this time, but recommend the candidate be allowed to seek re-entry in the future to a WVBE-approved alternative program.

Briefly identify the reason for recommendation: _____

Final Date of Participation: _____/_____/_____

☐ **3. Disapproved** - Recommend a Provisional Teaching Certificate **NOT** be issued and that the candidate **NOT** be allowed to enter into another WVBE-approved alternative certification program in this state, but not to be prohibited from pursuing teacher certification through other WVBE approved programs for the education of teachers in West Virginia.

Briefly identify the reason for recommendation: _____

Final Date of Participation: _____/_____/_____

Documentation for Recommendation

The approved education provider holds all required documentation necessary to support the recommendation identified in this report. All required documentation for the alternative certification program will be made available by the school district to the WVDE upon request.

☐ **Yes/Agree**

Form 25C

Comprehensive Evaluation Report

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Required Signatures for Evaluation Report

I hereby certify and agree with the following statements: I have collaborated with the partners of this approved program and support the recommendation identified on this report.

Employing School District Superintendent Signature

School District

Date

Additional Member of the Professional Support Team Signature

Date

Principal Signature

Date