# 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 1C

Restricted Content Endorsement for Autism

**Certification License #:** _____

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## Applicant Information

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_____ _____ _____

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

## Endorsement Request

Please complete this verification form for Autism ONLY when an individual has been hired in a position required for the Autism endorsement, currently holds a Special Education endorsement, and is taking the 6 hours of coursework from an accredited IHE that offers the 6 hours of coursework or to renew the content endorsement after completion of WVBE approved Autism 3.0 hours. Effective July 1, 2012, a minimum of 50 percent of 3 of the 6 semester hours of coursework must be comprised of field-based experiences or applicant must provide written verification of a minimum of 30 hours of field-based experiences serving students with Autism.

☐ **Initial application** ☐ **Renewal application after completion of 3.0 hours of Autism coursework.**

☐ **A copy of the grade printout for the completed 3.0 hours of coursework is required for renewal.**

## Institution of Higher Education Information

_____ _____

**School Year** **Institution Name**

| Course Number | Course Title | Semester/Term | Credit Hours | Grade |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

# Form 1C

Restricted Content Endorsement for Autism

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## Applicant Signature

_____ _____

**Applicant Signature** **Date**

## Superintendent Signature

_____ _____

**Superintendent Signature** **Date**