



**1. Applicant Information**

Social Security Number \_\_\_\_\_ Gender: Check One  Male  Female  Prefer Not to Answer  
 US Citizen:  Yes  No  
 Military Service:  US Veteran or  Spouse of US Veteran  
 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) \_\_\_\_\_  
 Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: \_\_\_\_\_

Indicate Race and Ethnicity (Check all that apply)

Hispanic  White  Asian  Black/African American  
 Middle Eastern/North African (MENA)  American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander

**3. Applicant Signature**

*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 \_\_\_\_\_

**4. Fingerprinting Information**

**Fingerprinting instructions at <https://wvde.us/certification/certification-info/application-forms/first-time-application/>**

I have previously received Certification in WV.  
 I have never held WV Certification and will complete at background through IdentoGo. All first-time applicants must have fingerprints processed by IdentoGo (<https://www.identogo.com>). A fingerprint service code will be sent to your e-mail once the application is received by the WVDE.

**5. 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 \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

**2. Disclosure of Background Information**

<b>If you answer yes to any question below, submit a narrative with your application.</b> The narrative should include dates, locations, school systems, and any/all other information that explains the circumstance(s) in detail.	YES	NO	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.



# West Virginia DEPARTMENT OF EDUCATION

REV 12.12.2024

Certification Services  
Building 6, Suite 550  
1900 Kanawha Boulevard, East  
Charleston, WV 25305  
(304)558-7010

## Form 1C — Restricted Content Endorsement for Autism

License Number or Social Security Number: -----

To retrieve a License Number, visit [wveis.k12.wv.us/certcheck](http://wveis.k12.wv.us/certcheck)  
To obtain a License Number, register online at [wveis.k12.wv.us/certportal](http://wveis.k12.wv.us/certportal)

Last Name: ----- First Name: ----- MI: ----

### 1. Institution of Higher Education Information

Please use this verification form in lieu of the Form 1 for Autism ONLY when an individual currently holds a Special Education endorsement and is taking the six hours of coursework from an accredited IHE that offers the six hours of coursework but does not have a full Autism endorsement program or to renew the content endorsement after completion of 3.0 hours.

\*Please pay the application fee online at [wveis.k12.wv.us/certpayment](http://wveis.k12.wv.us/certpayment). Select paper application.

\_\_\_\_\_ **Initial Application**

\_\_\_\_\_ **Renewal Application After Completion of 3.0 Hours of Coursework.**

\_\_\_\_\_ **A Copy of the Grade Printout for the Completed 3.0 Hours of Coursework is Required for Renewal.**

\_\_\_\_\_ School Year \_\_\_\_\_ Institution Name

Course Number	Course Title	Semester/Term	Credit Hours	Grade

### 2. WVBE Policy Information for Additional Endorsement / Content Endorsement in Autism

An individual who holds a Professional Teaching Certificate endorsed in Emotional/Behavior Disorders, Multi-Categorical Special Education, Mental Impairment (Mild/Moderate), Severe Disabilities or Pre- School Special Needs or the equivalent to these endorsements as previously defined in this policy may receive an additional endorsement in Autism provided they make application and successfully complete six semester hours of coursework in Autism from a regionally accredited IHE as defined in WVBE Policy 5202.

Effective July 1, 2012, a minimum of 50 percent of three of the six 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.

Individuals applying for or holding a First-Class/Full-Time Permit or Out-of- Field Authorization endorsed in Emotional/Behavior Disorders, Multi-Categorical Special Education, Mental Impairment (Mild/Moderate), Severe Disabilities, or Pre-School Special Needs or the equivalent to these endorsements as previously defined in this policy may receive a restricted Content Endorsement in Autism if they are enrolled in or have completed the six semester hour coursework described in WVBE Policy and provide the required verification or individuals holding a professional teaching certificate endorsed for one of the areas identified above enrolled in the six semester hours of coursework for Autism as described in WVBE Policy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date