# 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**

**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 certification that I am seeking or currently holding. 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.

_____ _____

**Applicant Signature** **Date**

## Educator Preparation Provider Recommendation

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application, to the best of my knowledge. 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.

_____ _____

**Educator Preparation Provider Designee Signature** **Date**

## 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, to the best of my knowledge. 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 1B

First-Class/Full-Time Permit for Professional Teaching
(Alternative Education Program)

**Certificate License #:** _____

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1900 Kanawha Boulevard, East
Building 6, Suite 550
Charleston, WV 25305
(304) 558-7010
wvde.us/certifications

## Applicant Information (Section 1)

_____
**Certification License Number** ( Register or look-up your license number: https://wveis.k12.wv.us/certportal/ )

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

## Applicant Agreement

_____
**Currently Enrolled Program**

**By initialing this agreement:**

A) I understand that I must complete the entire educational preparation program and satisfy all testing requirements for the professional license in the specialization(s) within the policy-allowed timeframe from the date of issuance of the original permit.

B) I verify that I have met basic skills and content testing requirements.

_____
**Typed Initials**

## Employing County – Verification of Employment (Section 2)

_____ _____
**Employing County** **Assignment Date**

_____ _____
**Assignment/Endorsement Area** **Grade Level**

☐ **Requesting Original Permit**

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## Educator Preparation Provider's Recommendation (Section 3)

The applicant has a qualifying GPA and is enrolled and actively taking coursework in a WVBE-approved program for the endorsements listed below.

☐ **Requesting Original Permit**

_____ _____
**Assignment/Endorsement Area** **Grade Level**

_____ _____
**Program Name** **Coursework Start Date**

☐ **Yes, the applicant has met basic skills and content testing requirements.**

# Form 1B

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(Alternative Education Program)

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## Applicant Signature (For Section 1)

*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 holding.*

_____ _____

**Applicant Signature** **Date**

## County Signature (For Section 2)

*I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that s/he must work to satisfy requirements to qualify for a teaching certification as specified in WVBE Policy 5202. I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and physically, mentally, and emotionally qualified to perform his/her duties as an educator. I recommend that the permit be granted.*

_____ _____ _____

**Signature of Superintendent** **County** **Date**

## Educator Preparation Provider Signature (For Section 3)

_____ _____

**Educator Preparation Provider Signature** **Date**

## Signature of WVDE Official

_____ _____

**Signature of WVDE Official** **Date**