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**

Form MR

Qualifying Veterans Eligibility Review for Licensure

Certification License #: _____

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Applicant Information

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_____ _____ _____

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

Applicant Section

I am an honorably discharged member of the armed forces, and I am submitting the most recent and appropriate documentation verifying such status. I will be seeking initial licensure under the provisions of House Bill 3125 once I receive an offer of employment for an eligible position. ☐ **Yes** ☐ **No**

I understand I must achieve the required passing scores for the basic skills exams and all content exam(s) (or provide proof of exemption) for the area of licensure sought. Scores will need to be submitted to the WVDE before my initial Professional Certificate may be issued. ☐ **Yes** ☐ **No**

I hold a minimum of a bachelor's degree from a regionally accredited institution of higher education and a minimum qualifying overall cumulative grade point average as stated in WVBE Policy 5202 reflected on the included official transcripts. I am submitting the degree to the WVDE for eligibility evaluation. I understand the degree must be related to the posted area for which I will apply and the job posting must be submitted by the County of employment at the time of application for my initial Professional Certificate (Form 20M). ☐ **Yes** ☐ **No**

I acknowledge that this application is intended to determine my eligibility to apply for Certification by Military Review. I understand that submitting this application does not require me to undergo a criminal history background check at this stage. However, I recognize that my application for initial certification may be denied based on the results of a criminal history review, personnel history, or professional licensure history. I understand that a comprehensive background review will be conducted at the time of application for Initial Certification. ☐ **Yes** ☐ **No**

Form MR

Qualifying Veterans Eligibility Review for Licensure

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Form MR and Form 20M Information

The WVDE Office of Certification will evaluate the submitted transcripts for eligibility and will provide the eligible areas, if any, for which you may qualify and provide the required exams needed for the qualifying areas. After this evaluation, the applicant will need to provide passing scores for the required basic skills (or provide proof of exemptions as per the WV Licensure and Testing Directory as posted on the WVDE Office of Certification website) and for all content exam(s) for any area being sought. Once the eligibility review has been completed, the required passing scores for all basic skills and content exams have been obtained (or proof of exemption), the individual must be the most successful applicant for a posted position in the eligible area(s) in a WV public school to apply for an initial Professional Teaching Certificate by submitting a Form 20M. Applicants will be required to complete a successful background check as per W. Va. Code §18A-3-10 prior to issuance of the initial Professional teaching Certificate.

Form MR

Qualifying Veterans Eligibility Review for Licensure

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Applicant Signature

I swear 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 am seeking or currently hold.

_____ _____

Applicant Signature **Date**