

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:

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 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. 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 Recommendation 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. 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 1A

First-Class/Full-Time Permit for Professional Teaching and Administrators

Certification License #: _____



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Last Name

First Name

MI

Applicant Agreement

Name of Institution enrolled/currently enrolling in: _____

By initializing this agreement:

- A) I am making a formal commitment to complete the state approved educational preparation program leading to licensure at the institution named above.
- B) I understand it is my responsibility to complete at least six semester hours of credit with a minimum of 3.0 GPA in each course each year to renew my permit or out-of-field authorization.
- C) I understand that I must satisfy all course and testing requirements to be eligible for the professional license in this specialization (s) within five (5) years from the date of issuance of the original permit or three (3) years if permit is endorsed for superintendent.

Typed Initials

Employing County

Check one of the following certifications. A copy of the job posting must be included.

- | | |
|---|---|
| ☐ First-Class/Full-Time Permit (Certificate 81) | ☐ Out-of-Field Authorization (Certificate 52) |
| ☐ Renewal First-Class/Full-Time Permit (Certificate 81-2) | ☐ Renewal Out-of-Field Authorization (Certificate 52-2) |
| ☐ New Assignment | |

Employing County

Location of Position

Required Endorsement/Grade Range

Date Candidate Will Begin Position/Continue Position

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Institution of Higher Education Recommendation

Original Permit (Certificate 81)

☐ **Candidate has completed 25% of the IHE approved program leading to licensure**

☐ **Candidate has NOT completed 25% of the program requirements**

Original Out-of-Field Authorization Permit (Certificate 52)

☐ **The candidate holds a valid professional teaching certificate (Certificate 21,22,26) but has not completed 25% of the approved program for the requested permit.**

Renewal Permit (Certificate 81-2)

☐ **Candidate has completed 25% of the IHE approved program leading to licensure with 6 hours of coursework with a "B" or above in each course.**

Renewal Out-of-Field Authorization Permit (Certificate 52-2)

☐ **Candidate has a valid teaching certificate (Certificate 21,22,26) but has not completed 25% of the program to receive the First-Class/Full-Time Permit but has completed the 6.0 hours of coursework with a "B" or above in each course.**

Institution of Higher Education Endorsement of Program

Endorsement

Grades

Endorsement

Grades

Renewal Coursework

List completed renewal coursework below.

Term	Course Number	Grades	Hours

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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 holding.

Applicant Signature

Date

Institution of Higher Education Signature

I certify the applicant is enrolled in a program leading to licensure in accordance with the applicant's endorsement listed on the employing county section on this form.

Designated College Official Signature

Title

Date

County Superintendent Signature

I verify that this candidate is the most qualified individual for a position in which no certified candidate has applied and I have informed the candidate that they must satisfy renewal requirements as specified in WVBE Policy 5202 or they will not be eligible for reassignment to this position.

Superintendent Signature

Date