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: _____

Options: Yes, No

Military Status: _____

Options: 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: _____

REV 7/27/2026

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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, 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 (CTE) Career Technical Education

V7, V7A, V7R, V8, V9, V14, V17, V35

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_____ _____ _____

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

CTE Application Type(s)

Check all that apply – Process fees at https://wveis.k12.wv.us/certpayment

Initial CTE Permits and Certificates

☐ V9 - Initial CTE First-Class Full-Time Permit ($50.00)
☐ V9 - Initial CTE Substitute Permit ($50.00)
☐ V7 - Initial CTE Certificate ($35.00)
☐ V7 - Initial Adult CTE Certificate (ACE) ($35.00)
☐ V17 - Initial Adult CTE Permit ($35.00)
☐ V7A - Initial CTE Certificate for Reciprocity for Out-Of-State License ($100.00)

Renewal of CTE Permits and Certificates

☐ V9 - Renewal CTE First-Class Full-Time Permit ($50.00)
☐ V9 - Renewal CTE Substitute Permit ($50.00)
☐ V7R - Renewal CTE Certificate ($35.00)
☐ V7R - Renewal Adult CTE Certificate (ACE) ($35.00)
☐ V17 - Renewal Adult CTE Permit ($35.00)

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Permanent CTE Permits and Certificates

☐ V7R - Permanent CTE Certificate ($35.00)
☐ V7R - Permanent Adult CTE Certificate (ACE) ($35.00)

CTE Endorsements

☐ V7 - CTE Certificate Additional Endorsement ($35.00)
☐ V7 - Adult CTE Certificate Additional Endorsement (ACE) ($35.00)

CTE Authorizations

☐ V8 - Temporary CTE Administrator Authorization ($35.00)
☐ V8 - Permanent CTE Administrator Authorization ($35.00)

CTE Advanced Credentials

☐ V35 - Permanent CTE Advanced Credential for 0064 Personal Finance Education Specialist ($35.00)

CTE Advanced Salary

☐ V14 - CTE Vocational Advanced Salary Classification ($35.00)

List Requested Endorsement(s) (Select From: attachment-p-6326pdf)

Endorsement Code: _____ **Endorsement Code Name:** _____

Endorsement Code: _____ **Endorsement Code Name:** _____

Endorsement Code: _____ **Endorsement Code Name:** _____

Endorsement Code: _____ **Endorsement Code Name:** _____

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Education & Coursework

Diploma/Degree Earned: _____ **Institution: _____**

Diploma/Degree Earned: _____ **Institution: _____**

Attach official seal bearing transcripts and additional coursework pages if needed.

Credentials, Exams, and Training

Check all that apply.

- ☐ **Industry Credentials**
- ☐ **PRAXIS Exam**
- ☐ **Credit Bearing Course Work**
- ☐ **West Virginia Department of Education (WVDE) E-Learning**
- ☐ **Praxis Principles of Learning and Teaching (PLT)**
- ☐ **National Occupational Competency Testing Institute (NOCTI)**

Attach official seal bearing transcript, copy of your industry credential, certificate of completion and/or exam.

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Requirements to renew or convert to a permanent CTE Certificate (V7R) - (To be completed by county)

If you are renewing or converting to a permanent CTE Certificate, ensure to mark one of the criteria options below and submit supporting documentation.

***Renew a CTE Certificate* (Select One):**

☐ Possess both a master's degree and MA+30 Salary Classification

☐ Age 60 or above (requires copy of birth certificate or government issued documentation for verification)

☐ Completed six semester hours of coursework related to the public-school program with a minimum 3.0 GPA or successfully completed 6 hours of eligible WVDE E-Learning coursework. Course work must have been completed within five years of the application date.

***Convert to a permanent CTE certificate* (Select one from each section):**

Section One

☐ Possess both an earned master's degree and MA+30 Salary Classification.

☐ Age 60 or above (requires copy of birth certificate or government issued documentation for verification).

☐ Completed six semester hours of coursework related to the public-school program with a minimum 3.0 GPA or successfully completed 6 hours of eligible WVDE E-Learning coursework. Course work must have been completed within five years of the application date.

Section Two

☐ The applicant has held a five-year certificate two times (for a total of ten years) and is eligible to renew (see criteria for renewal of CTE Certificate).

☐ The applicant holds an earned master's degree related to the public-school program and holds or is eligible for the five-year certificate and has five years educational experience with two in the requested endorsement area. Note: Teaching experience must be verified by Form V10 or county.

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Industry Related Employment and Experience Recommendation - (To be completed by county)

If currently employed within an educational system.

Employing County/Multi-Co. Center: _____ **School Name: _____**

Employment Date: _____ **Position/Title: _____**

☐ **Full-Time** ☐ **Part-Time** **Hours per week: _____**

If currently employed within an educational system.

☐ **Industry Education**
☐ **Teaching Experience in the Endorsement Area**
☐ **Relevant College/University Coursework in the Endorsement Area**

Please refer to the current CTE Endorsement and Testing Manual when reviewing experience for Health Care Endorsements. Please note per the CTE Endorsement and Testing Manual Grow Your Own (GYO) requires a minimum of five years of experience, for more details refer to the CTE Endorsement and Testing Manual.

County Recommendation

If employed by an educational system, the form must be signed by the district superintendent or designee. If not employed, a character reference must be signed. *I certify the applicant is of good moral character and qualified for licensure and meets the work experience requirements.*

☐ **I certify the applicant is qualified for licensure and meets the work experience requirements**

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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)**