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 19E

Principal Leadership Program Eligibility (SB899)

Certification License #: _____

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Charleston, WV 25305
(304) 558-7010
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Applicant Information

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

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

_____
Email **County of employment** (REQUIRED) _____

Applicant Section

I currently hold a valid WV Professional Teaching Certificate. ☐ **Yes** ☐ **No**

I hold a conferred master's degree (REQUIRED). ☐ **Yes** ☐ **No**
Please note: Official MA transcripts must be submitted if they are not already on file with WVDE.

I have a minimum of 15 years of teaching experience in the following eligible programmatic levels:

☐ **Elementary (Grades PK-5)** ☐ **Middle School (Grades 6-8)** ☐ **High School (Grades 9-12)**

I understand I must hold a MA Degree, successfully complete the prescribed one-year program, obtain passing scores on the current Praxis exam as listed in the Licensure Testing Directory, and complete the Evaluation Leadership Institute (ELI) prior to applying for the Administrative Professional Certificate endorsed for principal in the programmatic level(s) for which I am eligible.

I understand I will only be eligible to receive the principal endorsement in the programmatic level(s) for which I hold the required 15 years of teaching experience. I also acknowledge that to add any other programmatic level(s) or administrative endorsement area(s), I will need to complete a WVBE-approved program leading to administrative licensure in the area sought.

I understand that if I was first issued a credential by the WVDE prior to 2002, at the time of application I may need to complete a background check through the current required process prior to receiving the administrative credential. 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 certification may be denied based on the results of a criminal history review, personnel history, or professional licensure history.

_____
Typed Initials

Form 19E

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Verification of Teaching Experience (To be Completed by Employing County)

County/Counties must complete verification of experience section below. Only list 1 programmatic level per line. Elementary school includes grades PK-5, middle school includes grades 6-8, and high school includes grades 9-12.

State	**District/County**	**Grade Level**	**Begin Date**	**End Date**	**Programmatic Level** (elementary, middle, or high school)

Form 19E

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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**

County Recommendation and Verification Section

By completing and signing the section below, I am recommending this applicant to enroll in the one-year principal program and verifying the applicant holds a MA degree and meets the required 15 years of teaching experience (as per personnel records –attached page 3) in the area(s) indicated in the applicant section (page 1) of this application. I understand the applicant will not be eligible for the certificate and/or endorsement and may not be assigned to a position requiring the Professional Administrative Certificate until all the required components have been successfully completed and the certificate and/or endorsement have been issued.

_____ _____

Superintendent Signature **Date**

The WVDE Office of Certification will evaluate the submitted information and provide the applicant, County, and program provider with the eligible area(s) that will be issued on the Professional Administrative Certificate once all requirements have been met.