



1900 Kanawha Boulevard, East, Building 6 • Charleston, WV 25305
wvde.us

Office of Certification

Request for Change of Designated County/Multi-County Center

Employee Name: _____

Employee License Number or SSN : _____

Effective Date: _____

New County: _____

Requested By: _____

E-Mail Address: _____

Please complete this form and upload the document to Certification Services through the CERTUPLOAD (<https://wveis.k12.wv.us/certupload>).