



| 1. Applicant Information | | | | 2. Disclosure of Background Information | | |
|---|--|--|--|---|--|--|
| <div style="display: flex; justify-content: space-between;"> <div> Social Security Number _____ Birth Date (MM-DD-YYYY) _____ </div> <div> Gender: Check One <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer </div> <div> US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> Military Service: <input type="checkbox"/> US Veteran or <input type="checkbox"/> Spouse of US Veteran </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Last Name _____ <small>(If your name has changed since your last application, proof of name change must be attached, e.g. copy of marriage certificate, etc.)</small> </div> <div> First Name _____ </div> <div> MI _____ </div> <div> Previous Last Name (or Maiden) _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Street Address _____</div> <div>City _____</div> <div>State _____</div> <div>Zip Code _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Primary Phone _____</div> <div>Secondary Phone _____</div> </div> <div style="margin-top: 10px;"> Email (Required) _____ </div> <div style="margin-top: 10px;"> Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____ </div> | | | | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 80%;"> 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. </div> <div style="width: 15%; text-align: center;">YES</div> <div style="width: 15%; text-align: center;">NO</div> <div style="width: 10%; text-align: center;">Previously Submitted</div> </div> <div style="margin-top: 10px;"> 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. </div> <div style="margin-top: 10px;"> 2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct? </div> <div style="margin-top: 10px;"> 3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct? </div> <div style="margin-top: 10px;"> 4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency? </div> <div style="margin-top: 10px;"> 5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony? </div> <div style="margin-top: 10px;"> 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.* </div> | | |
| 3. Applicant Signature | | | | | | |
| <i>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.</i> | | | | | | |
| Signature of Applicant _____ | | | | Date _____ | | |
| 4. Fingerprinting Information | | | | | | |
| Fingerprinting instructions at https://wvde.us/certification/certification-info/application-forms/first-time-application/ <input type="checkbox"/> I have previously received Certification in WV. <input type="checkbox"/> I have never held WV Certification and will complete at background through IdentoGo. All first-time applicants must have fingerprints processed by IdentoGo (https://www.identogo.com). A fingerprint service code will be sent to your e-mail once the application is received by the WVDE. | | | | | | |
| 5. Superintendent Recommendation (Required if employed by a WV School System) | | | | | | |
| <i>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.</i> | | | | | | |
| Signature of Superintendent/Multi-County CTE Administrator, or WVSDT Superintendent/designee _____ | | | | <div style="display: flex; justify-content: space-between;"> <div>County _____</div> <div>Date _____</div> </div> | | |

*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.



West Virginia DEPARTMENT OF EDUCATION

REV 20250403

24T Temporary Teaching Certificate for Program Completers

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

| Applicant | County | Institutional Recommendation | | | |
|--|---|--|------------------------------------|----------------------------------|--|
| <p>I am applying for licensure based on:</p> <p><input type="checkbox"/> (1) Completion of an approved educational personnel preparation program through a regionally accredited institution and have completed all preparation and policy requirements except the content Praxis (with two</p> <p>I understand this is a one- year certificate and may be renewed twice if all requirements as per WVBE Policy 5202 are met.</p> <p>Higher education—** Official transcripts required.</p> <p>Option1— Institutional official must complete the remainder of the application verifying completion of approved program.</p> | <p>_____</p> <p>Employing County</p> <p>_____</p> <p>Location of Position</p> <p>_____</p> <p>Endorsement Required For Position/ Grade Range of Position</p> <p>_____</p> <p>Date Candidate Will Begin Position/ Continue Position</p> <p>_____</p> <p>Superintendent Signature</p> | <p>To be eligible for the Temporary Teaching Certificate for program completers applicants must meet all WVBE policy requirements except passing scores on the content Praxis for the endorsement sought (Refer to WVBE Policy 5202) and be employed or receive an offer of employment in a WV public school. Applicant GPA</p> <p>Applicant GPA</p> <p>Y N I hold a cumulative GPA of 2.5 or higher</p> <p>Program completion verification</p> <p><input type="checkbox"/> The applicant successfully completed** an approved program *** leading to certification in the public schools of the state and has met all r equirements except the content Praxis for the endorsement area sought.</p> | | | |
| <p>Please provide the following information:</p> <p>_____</p> <p>Name of College/University</p> <p>_____</p> <p>City State</p> <p>_____</p> <p>Name/Title of Certification Official from University</p> | <p>Endorsement***</p> <p>_____</p> | <p>Grade Levels</p> <p>_____</p> | <p>Endorsement***</p> <p>_____</p> | <p>Grade Levels</p> <p>_____</p> | |
| <p>**Candidates who completed the program prior to January 1, 2020, must complete the WVDE module on school safety and social/emotional wellbeing.</p> <p>***This includes completion of the program as approved by the approving state which may include but not limited to residency, clinical experiences, student teaching, and any other required components such as an approved teacher performance assessment.</p> | | | | | |
| <p>I swear or affirm under the penalty of perjury 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.</p> <p>_____</p> <p>Signature of Applicant Date</p> | | <p>I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and physically, mentally, and emotionally qualified to perform the duties of teacher. To the best of my knowledge, the applicant has disclosed information regarding any criminal conviction or currently pending charged felony or misdemeanor. I recommend that s/he be granted certification based on completion of the institution state approved program.</p> <p>_____</p> <p>Signature of Institution Official Institution Date</p> | | | |