Office of Certification Building 6, Suite 550 1900 Kanawha Boulevard, East Charleston, WV 25305 (304)558-7010



1. Applicant Information			2. Disclosure of Background Information				
Social Security Number	Prefer Not to Answer	US Citizen: Yes No	Military Service: ☐ US Veteran or ☐ Spouse of US Veteran	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.	YES	NO	Previously Submitted
Last Name (If your name has changed since your last applica	ation, proof of name change must be attached	ched, e.g. copy of ma	Zip Code	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.			
Primary Phone				Have you ever been disciplined, reprimanded, suspended, or			
Email (Required) Are you employed by a West Virginia School Syste	discharged from any employment because of allegations of miscon- duct?						
Indic		3) Have you ever resigned, entered into a settlement agreement, or					
☐ Hispanic ☐	White Asian	☐ Black/Af	frican American	otherwise left employment as a result of alleged misconduct?			
☐ Middle Eastern/North African (MENA)	☐ American Indian/Alaskan Native 3. Applicant Signature	■ Native Hawaiia	n/Other Pacific Islander	4) Is any action now pending against you for alleged misconduct in any school district, court, or be-			
	fore any educator licensing agency?			<u> </u>			
I swear or affirm under the penalty of false sweat best of my knowledge. I understand that any fals denial, suspension, or revocation of the license(s	5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*						
Any information submitted or on record may be o	located on our website.	6) Have you ever been arrested, charged with, or convicted of a misdemeanor? (For the purpose of					
Signature of Applicant	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						
Fingerprinting instructions at https://wvde	other drugs (DUI) must be reported.*						
$\hfill \square$ I have previously received Certification in WV.				·			<u> </u>
☐ 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.				*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dismissed:			
5. Superintendent Recommendation (Required if employed by a WV School System)			Charging Document; and				
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				2) Judgement Order; or			
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.			3) Final Disposition; and				
			All other relevant court documentation.				
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Revised 6.11.2025

Form SN—School Nurse Permit or Nurse Certificates

Social Security Number:		
Last Name	First Name	мт

1. Applicant	2. Employing County	Institution of Higher Education Recommendation 3. (First-Class/Full-Time Permits ONLY)			
(First-Class/Full-Time Permit) Name of Institution where you are enrolled/enrolling to complete requirements for certificate: or N/A By Signing this Agreement: I am making a formal commitment to complete the A) IHE approved educational preparation program leading to licensure at the institution named above. B) I agree to furnish this institution with official	 Original First-Class/Full-Time Permit (Certificate 81) Temporary Nurse Certificate (Certificate 34) Original Nurse Certificate (Certificate 35) Renewal of Nurse Certificate (Certificate 35) Renewal First-Class/Full-Time Permit (Certificate 81-2) Check here if this is a new assignment 	Original Permit (Certficate 81) Candidate is completing a Bachelor's Degree or Master's Degree in Nursin through an accredited IHE and has completed 25% of the program. Candidate holds a Bachelor's or Master's Degree in Nursing and is pursuing a School Nurse certification through a School Nurse licensure program. Candidate has NOT completed 25% of the Bachelor's Degree or Master's Degree in Nursing. Renewal Permit (81-2) Candidate has completed six semester hours of coursework in a Bachelor's Degree or Master's Degree in Nursing with a letter grade of "B" or above.			
transcripts from all of the institutions I have attended. C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA in each course each year to renew my permit or out-of-field authorization. D) I understand that I must satisfy all course and testing requirements 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. E) I understand that it is my responsibility to meet the renewal requirements for the First-Class/Full-Time Permit or Out-of-Field Authorizaton.	Location of position School Nurse PK 4D	Candidate has NOT completed six semester hours of courses in the Bachelor's Master's Degree in Nursing. Candidate has completed 3.0 Hours of the IHE approved program leading to licensure with a "B" or above in the course for School Nurse. List courses complete for renewal below at the bottom box. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
I am applying for either #2-4 in section 2(employing county) 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. Signature of Candidate		e			
Date	 Date				