



| 1. Applicant Information  |   |   |   | 2. Disclosure of Background Information  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|--|--------------------------------|--------------------------------|---|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Social Security Number _____</p> <p>Gender: Check One<br/><input type="checkbox"/> Male <input type="checkbox"/> Female<br/><input type="checkbox"/> Prefer Not to Answer</p> <p>Birth Date (MM-DD-YYYY) _____</p> <p>Last Name _____ First Name _____ MI _____ Previous Last Name (or Maiden) _____<br/>(If your name has changed since your last application, <b>proof of name change must be attached</b>, e.g. copy of marriage certificate, etc.)</p> <p>Street Address _____ City _____ State _____ Zip Code _____</p> <p>Primary Phone _____ Secondary Phone _____</p> <p>Email (Required) _____</p> <p>Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____</p> |   |   |   | <p><b>If you answer yes to any question below, submit a narrative with your application.</b> The narrative should include dates, locations, school systems, and any/all other information that explains the circumstance(s) in detail.</p> <table border="1"><thead><tr><th>YES</th><th>NO</th><th>Previously Submitted</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table> |                                |                                | YES   | NO   | Previously Submitted                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| YES   | NO  | Previously Submitted  |   |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>Indicate Race and Ethnicity (Check all that apply)</p> <table border="1"><tbody><tr><td><input type="checkbox"/> Hispanic</td><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> Black/African American</td></tr><tr><td><input type="checkbox"/> Middle Eastern/North African (MENA)</td><td><input type="checkbox"/> American Indian/Alaskan Native</td><td colspan="2"><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</td></tr></tbody></table>  |   |   |   | <input type="checkbox"/> Hispanic  | <input type="checkbox"/> White | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Middle Eastern/North African (MENA) | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Hispanic   | <input type="checkbox"/> White                          | <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Black/African American |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Middle Eastern/North African (MENA)  | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |   |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3. Applicant Signature</b>   |   |   |   |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><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></p> <p>Signature of Applicant _____ Date _____</p>  |   |   |   |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4. Fingerprinting Information</b>  |   |   |   |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>Fingerprinting instructions at <a href="https://wvde.us/certification/certification-info/application-forms/first-time-application/">https://wvde.us/certification/certification-info/application-forms/first-time-application/</a></b></p> <p><input type="checkbox"/> I have previously received Certification in WV.</p> <p><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 (<a href="https://www.identogo.com">https://www.identogo.com</a>). A fingerprint service code will be sent to your e-mail once the application is received by the WVDE.</p>  |   |   |   |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Superintendent Recommendation (Required if employed by a WV School System)</b>  |   |   |   |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><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></p> <p>Signature of Superintendent/Multi-County CTE Administrator, or WVSDT Superintendent/designee _____ County _____ Date _____</p>   |   |   |   | <p>*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dismissed:</p> <ul style="list-style-type: none"><li>1) Charging Document; and</li><li>2) Judgement Order; or</li><li>3) Final Disposition; and</li><li>4) All other relevant court documentation.</li></ul>   |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



West Virginia DEPARTMENT OF  
**EDUCATION**

REV 20250623

**Form 20M — Initial Licensure for Military Personnel**

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Applicant**

|   |   |   |
|---|---|---|
| Y | N | I am an honorably discharged member of the armed forces and I am submitting appropriate documentation verifying such status. I am seeking initial licensure under the provisions of House Bill 3125.  |
| Y | N | I have achieved the required passing scores for the basic skills exams (or proof of exemption) and all content exam(s) for the area of licensure sought. Passing scores or proof of exemptions have been submitted to the WVDE or included with this application. I was provided by the WVDE the information regarding the required content exams for the area of certification I am seeking.   |
| Y | N | I hold a minimum of a bachelor's degree from a regionally accredited institution of higher education and a minimum qualifying overall cumulative grade point average as stated in WVBE Policy 5202 reflected on <b>official transcripts</b> , and the degree is related to the area in which I have been offered employment as per the posted position (posting must be submitted by County of employment at the time of application). The degree's relation to the posted position and certification sought has been reviewed and approved by the WVDE prior to application. |

Endorsement Area Requested \_\_\_\_\_

Grade Levels \_\_\_\_\_

Endorsement Area Requested \_\_\_\_\_

Grade Levels \_\_\_\_\_

*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.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**WV County School Official Recommendation**

The application must include official transcripts (unless already on file at the WVDE), documentation of honorably discharge status, required basic skills and content exams passing score report (unless already on file at the WVDE), and a copy of the job posting. A complete list of endorsements (and grade levels) and required exams may be accessed in the most recent Licensure Testing Directory on the WVDE website (Office of Certification). The applicant's degree has been reviewed by the WVDE prior to application and has been determined to be related to the posted position and to the area of certification requested.

*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 hereby verify that the applicant has completed all requirements for the credential as stated above.*

Signature of Superintendent/Multi-County CTE Administrator, or WVSDT Superintendent/designee \_\_\_\_\_

Date \_\_\_\_\_