



1. Applicant Information				2. Disclosure of Background Information		
<div>Social Security Number _____</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>Birth Date (MM-DD-YYYY) _____</div> <div>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.)</div> <div>Street Address _____ City _____ State _____ Zip Code _____</div> <div>Primary Phone _____ Secondary Phone _____</div> <div>Email (Required) _____</div> <div>Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____</div>				<div>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>YESNOPreviously Submitted</div>		
<div>Indicate Race and Ethnicity (Check all that apply)</div> <div><input type="checkbox"/> Hispanic<input type="checkbox"/> White<input type="checkbox"/> Asian<input type="checkbox"/> Black/African American</div> <div><input type="checkbox"/> Middle Eastern/North African (MENA)<input type="checkbox"/> American Indian/Alaskan Native<input type="checkbox"/> Native Hawaiian/Other Pacific Islander</div>				<div>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>2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?</div> <div>3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?</div> <div>4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?</div> <div>5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*</div> <div>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>		
<div>3. Applicant Signature</div> <div><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></div> <div>Signature of Applicant _____ Date _____</div>						
<div>4. Fingerprinting Information</div> <div>Fingerprinting instructions at https://wvde.us/certification/certification-info/application-forms/first-time-application/</div> <div><input type="checkbox"/> I have previously received Certification in WV.</div> <div><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.</div>						
<div>5. Superintendent Recommendation (Required if employed by a WV School System)</div> <div><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></div> <div>Signature of Superintendent/Multi-County CTE Administrator, or WVSDT Superintendent/designee _____ County _____ 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:</div> <div>1) Charging Document; and</div> <div>2) Judgement Order; or</div> <div>3) Final Disposition; and</div> <div>4) All other relevant court documentation.</div>		



West Virginia DEPARTMENT OF
EDUCATION

REV 20250516

Form 4P—Permanent Teaching Certificate HB3125

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant's Request

When submitting this document to convert your teaching certificate to a permanent teaching certificate. If you are not currently employed, nor have been an employee in a West Virginia County School System, the WVSD, WVSDT office, or an eligible school as per WVDE policy 5202, a form 4B please include a Form 4B Character Reference with your application.

The Form 4B can be accessed at:

<https://wvde.us/certifications/applications>

You will need to make payment of the processing fee of \$100 at the following website:

<https://wveis.k12.wv.us/certpayment>

Certificate Conversion

The Following Criteria Must Be Completed and Verifiedby an Employing K-12 School System:**

_____ Hold a Valid (unencumbered/no deficiencies) Professional Teaching Certificate.

_____ 10 Years of Full-Time Teaching Experience.

_____ Held a valid Professional Teaching Certificate for Each of Those Ten Years.

_____ Received Satisfactory Evaluations Each Year During the Ten-Year Period.

****A verification of employment (form 4E) for the required 10 years must be submitted with this form. If employed in different counties/districts, each employer must complete a form.**

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 Applicant

Date



West Virginia DEPARTMENT OF
EDUCATION

REV 20250509

Form 4E Experience Verification for Permanent

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

State	Position	Location	Begin Date	End Date	Full-Time		Professional/Full** Teaching Certificate Held (in good standing)		Satisfactory Evaluation Each Year of Position***
					YES	NO	YES	NO	YES NO N/A
					YES	NO	YES	NO	YES NO N/A
					YES	NO	YES	NO	YES NO N/A
					YES	NO	YES	NO	YES NO N/A
					YES	NO	YES	NO	YES NO N/A
					YES	NO	YES	NO	YES NO N/A
					YES	NO	YES	NO	YES NO N/A

**Unencumbered, renewable and with no deficiencies other than required employment

***If N/A selected, please provide explanation.

Additional Comments:

Part 2—Verification of Employment by Employer

I confirm that the applicant is/was skilled, competent, and successful in her/his occupation. I, the undersigned, do solemnly swear that the above statement and information provided is truthful and accurate.

Name of School System Phone Number

Signature of Authorized Official or Designee Date

State County/District/Agency

Taken, subscribed and sworn before me this _____ day of _____,
20_____.

My Commission Expires _____.

Signature of Notary Public

Official Seal Here