



| 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 |   |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>3. Applicant Signature</b></p> <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>                                   |   |   |   |  |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>4. Fingerprinting Information</b></p> <p><b>No fingerprints required with Form MR. Please note that a complete fingerprint background check will be required once all requirements are completed and a Form 20M is submitted.</b></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>   |                                |                                |   |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



## Form MR— Review of Qualifications for 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 the most recent and appropriate documentation verifying such status. I will be seeking initial licensure under the provisions of House Bill 3125 once I receive an offer of employment for an eligible position.   |
| Y | N | I understand I must achieve the required passing scores for the basic skills exams and all content exam(s) (or provide proof of exemption) for the area of licensure sought. Scores will need to be submitted to the WVDE before my initial Professional Certificate may be issued.  |
| 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 the included <b>official transcripts</b> . I am submitting the degree to the WVDE for eligibility evaluation. I understand the degree must be related to the posted area for which I will apply and the job posting must be submitted by the County of employment at the time of application for my initial Professional Certificate (Form 20M). |

The WVDE Office of Certification will evaluate the submitted transcripts for eligibility and will provide the eligible areas, if any, for which you may qualify and provide the required exams needed for the qualifying areas. After this evaluation, the applicant will need to provide passing scores for the required basic skills (or provide proof of exemptions as per the WV Licensure and Testing Directory as posted on the WVDE Office of Certification website) and for all content exam(s) for any area being sought. Once the eligibility review has been completed, the required passing scores for all basic skills and content exams have been obtained (or proof of exemption), the individual must be the most successful applicant for a posted position in the eligible area(s) in a WV public school to apply for an initial Professional Teaching Certificate by submitting a Form 20M. Applicants will be required to complete a successful background check as per W. Va. Code §18A-3-10 prior to issuance of the initial Professional teaching Certificate.

*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 \_\_\_\_\_