



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, <b>proof of name change must be attached</b>, 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><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.</div> <div><div>YES</div><div>NO</div><div>Previously Submitted</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.		
				2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?		
				3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?		
				4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?		
				5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*		
				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>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>						
3. Applicant Signature						
<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>						
4. Fingerprinting Information						
<div>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></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 (<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.</div>						
5. Superintendent Recommendation (Required if employed by a WV School System)						
<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>						



## Form 56 School Nurse Certificate

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

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

### Applicant

Y / N **I hold a valid RN license**

Please initial below:

☐

By initialing this agreement I understand that: 1) the initial certificate is valid for one-year and is not renewable and that I must complete the necessary requirements to convert it as specified in WVBE Policy 5202; 2) once I hold the three-year certificate, I must complete the necessary requirements to renew it as required by the WVBE policy 5202, and I must continue to hold a valid RN license.

*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

Applicant Information Page must be attached to this application.  
A copy of a valid RN license is required.

### Verification of Employing County

\_\_\_\_\_  
County

Date Applicant will begin assignment: \_\_\_\_\_

#### Request for Licensure

☐ **Initial Temporary School Nurse**

Y / N **School Nurse Orientation**

☐ **Conversion to 3 year School Nurse Certificate**

Y / N **School Nurse Orientation**

Y / N **12 Hours of Credit Required**

☐ **3 Year Renewal**

Y / N **12 Hours of Credit Required**

Y / N **Valid RN License**

*I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that s/he must complete the conversion/renewal requirements to maintain the certificate as specified in WVBE Policy 5202. 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 his/her duties. I recommend that the certificate be granted.*

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
County

\_\_\_\_\_  
Date