



1. Applicant Information				2. Disclosure of Background Information		
<div style="display: flex; justify-content: space-between;"> <div> Social Security Number _____   Birth Date (MM-DD-YYYY) _____ </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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Last Name _____  (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> First Name _____  MI _____ </div> <div> Previous Last Name (or Maiden) _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Street Address _____</div> <div>City _____</div> <div>State _____</div> <div>Zip Code _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Primary Phone _____</div> <div>Secondary Phone _____</div> </div> <div style="margin-top: 10px;"> Email (Required) _____ </div> <div style="margin-top: 10px;"> Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____ </div>				<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 80%;"> <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 style="width: 10%; text-align: center;">YES</div> <div style="width: 10%; text-align: center;">NO</div> <div style="width: 10%; text-align: center;">Previously Submitted</div> </div> <div style="margin-top: 10px;"> 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 style="margin-top: 10px;"> 2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct? </div> <div style="margin-top: 10px;"> 3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct? </div> <div style="margin-top: 10px;"> 4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency? </div> <div style="margin-top: 10px;"> 5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony? </div> <div style="margin-top: 10px;"> 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)						
<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		
3. Applicant Signature						
<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>						
Signature of Applicant _____						Date _____
4. Fingerprinting Information						
<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> <input type="checkbox"/> I have previously received Certification in WV. <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.						
5. Superintendent or Authorized Official Recommendation (Required)						
<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>						
Signature of Community Programs Director Or Superintendent _____						Date _____
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <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> </div> </div>						



West Virginia DEPARTMENT OF  
**EDUCATION**

20260114

**Form 41 - Early Childhood Classroom Assistant Teacher Authorization**

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

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

Information listed on this application must be supported by official documentation such as official seal-bearing college transcripts, copies of certificates of completion, score reports, or any other source of verification. Failure to produce such documentation may result in the formal denial of this application

**Verification of Employment**

**Applicant Information Page must be attached.**

Applicant is currently employed as an Early Childhood Classroom Assistant Teacher (Signature Required):

Community Program Director \_\_\_\_\_ County Director \_\_\_\_\_

Community Program Director Email \_\_\_\_\_

**YES** ☐

ECCAT Date: \_\_\_\_\_

**NO** ☐

Permanent Only

Applicant is employed by West Virginia Public School District.

*(If yes, complete State Competency Exam section below)*

**YES** ☐

**NO** ☐

**State Competency Exam**

The applicant has taken and passed the current state competency exam for aides developed pursuant to W.Va. Code §18A-4-8e and has satisfied this requirement.

*(Required for Early Childhood WVDE Approved Course Work Pathway)*

**YES** ☐

**Date:** \_\_\_\_\_

**Verification attached** ☐

**Verification of Education**

The applicant holds the minimum of a high school diploma or GED.

**YES** ☐

**Documentation attached** ☐

**Certification Request**

**Check one:**

- ☐ Initial Temporary Authorization—Some certification requirements are met (current employment).
- ☐ Renewal of the Temporary Authorization—Initial Authorization awarded previously and a successful completion of one specialized training (after the effective date of the most recently awarded). Authorization may be renewed twice (not valid for CTE route).
- ☐ Permanent Authorization—All certification requirements are met.

**Coursework and Testing Pathway**

- ☐ Early Childhood WVDE Approved Course Work
- ☐ Child Development Associate (CDA) Credential™

☐ CTE/ACE

☐ West Virginia Apprenticeship for Child Development Specialists (ACDS)

☐ ETS ParaPathways

**Commitment for Completing Required College Coursework and/or Professional Development for Specialized Training**

I understand that I am responsible for meeting the requirements to renew the Initial Early Childhood Classroom Assistant Teacher Temporary Authorization until all requirements are met for the issuance of the Early Childhood Classroom Assistant Teacher Permanent Authorization

\_\_\_\_\_  
*Signature (Not required when applying for permanent authorization)*

\_\_\_\_\_  
*Date*

<b>Early Childhood WVDE Approved Course Work</b>	Course Name	Date Completed
Science of Reading* <b>OR</b> 100-level college English course or higher**		
Numeracy* <b>OR</b> 100-level college Math course or higher**		
Child Development* <b>OR</b> approved Child Development college course**		
Special Needs Inclusion*		

*\*Must submit certificates of completion for e-Learning courses. \*\*College coursework must be on official transcripts.*

<b>West Virginia Apprenticeship for Child Development Specialists (ACDS)</b>	Instructor Name	Date Completed
First Semester		
Second Semester		
Third Semester		
Fourth Semester		

*Copies of official certificates or ACDS course transcript is required for renewal. Must have proof of completing all 4 semesters for permanent authorization.*

<b>Child Development Associate (CDA) Credential</b>	CDA Advisor	Date Completed
160 Professional Experience Hours and Assignments		
320 Professional Experience Hours and Assignments		
480 Professional Experience Hours and Assignments		
<i>Copy of valid, official certificate issued by National Credential Agency required for permanent authorization.</i>		

<b>Career Technical Education (CTE) and ACE Early Childhood Classroom Assistant Teacher Program</b>	School Name	Date Completed
Early Learning Child Development		
Early Learning Special Needs Inclusion		
Early Learning Language & Literacy		
Early Learning Numeracy		

*Copies of CTE certificates OR high school transcripts must be submitted.*

<b>ETS ParaPathways Assessment</b>	Date Completed
ParaPathways Reading & Writing (5758) – Required Score 332	
ParaPathways Mathematics (5759) – Required Score 334	
Child Development* <b>OR</b> approved Child Development college course**	
Special Needs Inclusion*	

*Must submit official ETS score report and \*e-Learning certificates of completion. \*\*College coursework must be on official transcripts.*

\_\_\_\_\_  
Signature of Superintendent or  
Community Programs Director

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date