



1. Applicant Information

Social Security Number _____

Gender: Check One
 Male Female

US Citizen:
 Yes
 No

Military Service:
 US Veteran or
 Spouse of US Veteran

Birth Date (MM-DD-YYYY) _____

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.)

Street Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Email (Required) _____

Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____

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 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.

Signature of Applicant _____ Date _____

4. Fingerprinting Information

Fingerprinting instructions at <https://wvde.us/certification/certification-info/application-forms/first-time-application/>

- I have previously received Certification in WV.
- I have never held WV Certification and will complete a 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.

5. Superintendent Recommendation (Required if employed by a WV School System)

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.

2. Disclosure of Background Information

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.

YES NO Previously Submitted

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.*

*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dismissed:

- 1) Charging Document; and
- 2) Judgement Order; or
- 3) Final Disposition; and
- 4) All other relevant court documentation.



West Virginia DEPARTMENT OF EDUCATION

Revised 1.29.2026

Form SN—School Nurse Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

1. Applicant	2. Employing County	Institution of Higher Education Recommendation 3. (First-Class/Full-Time Permits ONLY)																
<p>(First-Class/Full-Time Permit)</p> <p>Name of Institution where you are enrolled/enrolling to complete requirements for certificate:</p> <p>_____</p>	<p>1. <input type="checkbox"/> Original First-Class/Full-Time Permit (Certificate 81)</p> <p>2. <input type="checkbox"/> Renew First-Class/Full-Time Permit (Certificate 81-2)</p> <p>3. <input type="checkbox"/> Check here if this is a new assignment</p>	<p><u>Original Permit (Certificate 81)</u> Candidate is completing a Bachelor's Degree or Master's Degree in Nursing through an accredited IHE and has completed 25% of the program.</p> <p><u>Candidate holds a Bachelor's or Master's Degree in Nursing and is pursuing a School Nurse certification through a School Nurse licensure program.</u></p> <p><u>Candidate has NOT completed 25% of the Bachelor's Degree or Master's Degree in Nursing.</u></p>																
<p>By Signing this Agreement:</p> <p>I am making a formal commitment to complete the</p> <p>A) IHE approved educational preparation program leading to licensure at the institution named above.</p> <p>B) I agree to furnish this institution with official transcripts from all of the institutions I have attended.</p> <p>C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA in each course each year to renew my permit or out-of-field authorization.</p> <p>D) I understand that I must satisfy all course and testing requirements for the professional license in this specialization (s) within five (5) years from the date of issuance of the original permit or three (3) years if permit is endorsed for superintendent.</p> <p>E) I understand that it is my responsibility to meet the renewal requirements for the First-Class/Full-Time Permit or Out-of-Field Authorization.</p>	<p>Employing county _____</p> <p>Location of position _____</p> <p><u>School Nurse PK-AD</u> Endorsement required for position and grade range of position</p> <p>Date candidate will begin position/continue position _____</p> <p><input type="checkbox"/> A copy of the job posting is included for initial licensure.</p> <p><input type="checkbox"/> The online waiver has been submitted (if applicable).</p> <p>I verify that this candidate is the most qualified individual for a position in which no certified candidate has applied, and I have informed the candidate that they must satisfy renewal requirements as specified in WVBE Policy 5202 or they will not be eligible for reassignment to this position.</p>	<p><u>Renewal Permit (81-2)</u> Candidate has completed six semester hours of coursework in a Bachelor's Degree or Master's Degree in Nursing with a letter grade of "B" or above.</p> <p><u>Candidate has NOT completed six semester hours of courses in the Bachelor's or Master's Degree in Nursing.</u></p> <p><u>Candidate has completed 3.0 Hours of the IHE approved program leading to licensure with a "B" or above in the course for School Nurse. List courses completed for renewal below at the bottom box.</u></p> <p>XX ENDORSEMENT</p> <p><u>School Nurse _____</u> <u>PK-AD _____</u> Endorsement as per WVBE Appendix A Grade Levels)</p> <p>I certify the applicant is enrolled in a program leading to a Bachelor's or Master's Degree in Nursing or a certification licensure program leading to an endorsement in School Nurse in accordance with the Employing County section on this form.</p>																
<p>Signature of Candidate _____</p> <p>Date _____</p>	<p>Signature of Superintendent _____</p> <p>Date _____</p>	<p>Signature of Designated College Official _____ Date _____</p> <p>List Renewal Coursework Below</p> <table border="1"> <thead> <tr> <th data-bbox="1389 1416 1453 1449">Term</th> <th data-bbox="1558 1416 1790 1449">Course Number & Title</th> <th data-bbox="1875 1416 1938 1449">Grade</th> <th data-bbox="1981 1416 2044 1449">Hours</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Term	Course Number & Title	Grade	Hours												
Term	Course Number & Title	Grade	Hours															