Objective: To review the latest WVBE Policy 5202 licensure requirements and changes to application forms
Office of Educator Effectiveness and Licensure

Executive Director
Dr. Monica Beane

Assistant Director
Mr. Robert Hagerman

Teacher Quality Coordinators
Mr. Robert Mellace
rmellace@k12.wv.us
Mrs. Jodi Oliveto-Moore
joliveto@k12.wv.us
Career and Technical Education Licensure

Complete Requirements may be Accessed in the Latest Version of WVBE Policy 5202 at
http://wvde.state.wv.us/policies/
CTE Application Summary (5-AD)

- Form V7 and V7A
  - Career and Technical Certificate (Fee $35 in-state, $100 out of state)
    • Applicant must have completed an approved CTE program OR hold a valid WV Professional Teaching Certificate and meet all requirements OR hold a valid out-of-state CTE certificate
- Form V9
  - First Class Full-Time CTE Permit (Fee $50)
    • Applicant must make a commitment to complete an approved program (see requirements in policy)
  - Substitute CTE Permit (Fee $50)
    • Applicant has not made a commitment to complete an approved program (see requirements in policy)
Form V7 Requirements

- Initial Career and Technical Certificate
  - General Requirements
  - Valid WV Professional Teaching Certificate OR Completion of an Approved CTE Program with a minimum 2.5 GPA
  - Wage Earning Experience / Education Level Requirements of Appendix C (Approved Notarized V10 Required)
  - Passing Scores on the Basic Skills Exam (Unless Applicant has a Qualifying Exemption)
  - Industry Recognized Credential Requirements of Appendix C
  - NOCTI Exam Requirements of Appendix C
  - Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director
Form V7 Requirements

- Renewal of the Career and Technical Education Certificate
  - Option 1:
    - Six Semester Hours of Appropriate College/University Coursework Related to the Public School Program with a Minimum 3.0 GPA, Completed Subsequent to Certificate Issuance and within Five Year Period Preceding Date of Application OR
  - Option 2:
    - Age 60 OR
  - Option 3
    - MA +30 Salary Classification or Higher
    AND
    - Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director
Form V7 Requirements

• Permanent Career and Technical Education Certificate
  – Option 1:
    • Hold/Eligible for Five Year Certificate
    • Hold Earned Master’s Degree Related to the Public School Program
    • Five Years Educational Experience, Including Two in the Requested Endorsement Area (V10 required) OR
  – Option 2:
    • Hold the Five Year Certificate and Renew it Once. The Applicant may Apply upon Meeting Eligibility for the 2nd Renewal, within Six Months of the Renewed Certificate’s expiration.

AND
  – Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director
# Form V7—Career Technical Certification

**Social Security Number:** 

**Last Name:** ___________________________  **First Name:** ___________________________  **MI:** ___________________________

## Part 1 — Applicant

Select the appropriate action below and if applying for an initial career and technical certificate or renewal of a career and technical certificate, list the courses being used to meet the requirements of licensure.

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial CTE Certificate requires that the applicant holds a valid WV Professional Teaching Certificate OR completes an Approved CTE Program with a 2.5 GPA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renewal of the CTE Certificate may require six semester hours as identified in WVBE Policy 5202.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>Course Number &amp; Title</th>
<th>Grade</th>
<th>Hours</th>
<th>Term</th>
<th>Course Number &amp; Title</th>
<th>Grade</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Official seal-bearing transcripts must be included, when applicable.

## Part 2 — Employing County, RESA, Multi-County Center or OIEP

Requested Endorsement: Grades 5-AD, Endorsement # ___________________________  **Name of Endorsement:** ___________________________

<table>
<thead>
<tr>
<th>Initial CTE Certificate OR Additional Endorsement</th>
<th>Renewal of CTE Certificate (Select one only)</th>
<th>Permanent CTE Certificate (select one only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passed Basic Skills Exam or Qualifying Exemption</td>
<td>MA +30 Salary Classification <strong>OR</strong></td>
<td>Holds/eligible for 5 year cert and renewed it once. (Applicant may apply upon meeting eligibility for second renewal, within six months of expiration) <strong>OR</strong></td>
</tr>
<tr>
<td>Wage Earning Experience Verified by Form V10</td>
<td>Age 60 (requires copy of birth certificate or government issued documentation for verification) <strong>OR</strong></td>
<td>Holds master’s degree related to the public school program AND holds or is eligible for the five year certificate AND has five years educational experience with two in the requested endorsement</td>
</tr>
<tr>
<td>Industry Recognized Credential or N/A</td>
<td>Completed six semester hours of coursework related to the public school program with a minimum 3.0 GPA within five years of the application date</td>
<td>Teaching experience must be verified by Form V10</td>
</tr>
<tr>
<td>Passed Required NOCTI Exam or N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Part 3 — Institutional Recommendation and Verification of Coursework (Required for Initial Only)

The educator has successfully completed coursework requirements for an Initial Career and Technical Education Certificate and I officially recommend the certificate be granted.

WVU Institute of Technology, Career and Technical Education Chair Signature ___________________________  Date ___________________________
Form V7A Requirements

• Temporary Career and Technical Certificate
  – General Requirements
  – Hold a Valid Out-of-State Career and Technical Education Certificate in the Specialization(s) Requested
  – Three Years of Successful Out-of-State Experience as an Educator in the Requested Specialization(s) within the Seven Years Preceding the Date of Application (V10 required)
  – Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director or Form 4B (see policy)
Form V7A Requirements

- Initial Career and Technical Certificate
  - General Requirements
  - Hold a Valid Out-of-State Career and Technical Education Certificate in the Specialization(s) Requested
  - Three Years of Successful Out-of-State Experience as an Educator in the Requested Specialization(s) within the Seven Years Preceding the Date of Application (V10 required)
  - Industry Recognized Credential Requirements of Appendix C
  - NOCTI Exam Requirements of Appendix C
  - Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director or Form 4B (see policy)
Form V7A—Career Technical Certification (Out of State)

Social Security Number: ____________________________

Last Name: ____________________________  First Name: ____________________________  MI: ____________________________

Applicant’s Request for a Certificate (select one only)

I am requesting a Temporary Career and Technical Education Certificate (may lack either the industry required credentials or the NOCTI exam scores, if applicable)

I am requesting an Initial Career and Technical Education Certificate

Requirement Verification for the Initial Career and Technical Education Certificate and the Temporary Career and Technical Education Certificate

I hold a valid out-of-state Career and Technical Education Certificate in the following specializations requested (see attached certificate copy):

_________________________________________________________________________________________________________________________________________

I hold three years of successful out-of-state experience as an educator in the requested specialization(s) within the seven year period preceding the date of this application as detailed in the list below and verified by the attached form V10.

<table>
<thead>
<tr>
<th>Year</th>
<th>Specialization</th>
<th>School</th>
<th>State</th>
<th>Teaching Experience Employment Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requirement Verification for the Initial Career and Technical Education Certificate

I hold the required industry recognized credential(s) (as identified in Appendix C of WVBE Policy 5202) OR identify as N/A

I hold passing scores on the required NOCTI exam(s) (as identified in Appendix C of WVBE Policy 5202) OR identify as N/A

Applicant Signature

I swear or affirm under 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.

Applicant Signature ____________________________  Date ____________________________
Questions?

Career and Technical Education Certificate
Form V9 Requirements

• Initial First-Class Full-Time Permit
  – General Requirements
  – Professional Commitment Verifying Enrollment in Approved Career and Technical Education Program
  – Wage Earning Experience / Education Level Requirements of Appendix C (V10 Required)
  – Passing Scores on the Basic Skills Exam
  – Industry Recognized Credential Requirements of Appendix C
  – Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director
Form V9 Requirements

• Renewal of the First-Class Full-Time Permit
  – Professional Commitment Verifying Enrollment in Approved Career and Technical Education Program
  – Verification by the Designated IHE Official in which the Program is being Completed that the Applicant has Completed Six Semester Hours Reflecting a Minimum 3.0 GPA within the Approved Program
  – Industry Recognized Credential Requirements of Appendix C if Previously Allowed One Year to Attain Credential(s)
  – NOCTI Exam Requirements of Appendix C
  – Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director
Form V9—First-Class/Full-Time CTE or Substitute CTE Permit

Social Security Number: __________________________

Last Name: __________________________ First Name: __________________________ MI: ______

Applicant’s Request for CTE Permit

<table>
<thead>
<tr>
<th>I am applying for:</th>
<th>Employing Entity’s Verification of Employment</th>
<th>WVUIT Official Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Initial First-Class/Full-Time CTE Permit</td>
<td>□ Initial First-Class/Full-Time Permit</td>
<td>Initial First-Class/Full-Time Permit</td>
</tr>
<tr>
<td>□ Renewal of First-Class/Full-Time CTE Permit</td>
<td>□ Renewal of First-Class/Full-Time Permit</td>
<td>□ I certify the applicant has enrolled or submitted a professional commitment with the intent of enrolling in the approved career and technical education program for the endorsement(s) requested.</td>
</tr>
</tbody>
</table>

Name of the institution where you expect to complete requirements for specializations:

By Signing this Agreement:

A) I am making a formal commitment to complete the state-approved educational preparation program at the institution named above.
B) I agree to furnish this institution with official seal-bearing transcripts from all of the institutions I have attended.
C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA each year to renew my permit.
D) I understand that I must satisfy all course and testing requirements for the CTE license in this specialization within five (5) years from the date of issuance of the original First-Class/Full-Time Permit.

Request for Licensure:

<table>
<thead>
<tr>
<th>Official Board Employment Date:</th>
<th></th>
</tr>
</thead>
</table>

| Employment Date                | |

Endorsement(s) Requested (5-AD)

<table>
<thead>
<tr>
<th>(Code #)</th>
<th>(Endorsement)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(Code #)</th>
<th>(Endorsement)</th>
</tr>
</thead>
</table>

Substitute CTE Permit

<table>
<thead>
<tr>
<th>I am applying for:</th>
<th>Request for CTE Substitute Permit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Initial Career and Technical Education Substitute Permit</td>
<td>□ Original Career/Technical Substitute Permit—18 clock hours of training completed on: __________________________</td>
</tr>
<tr>
<td>□ Renewal of the Career and Technical Education Substitute Permit</td>
<td>□ Renewal of Career/Technical Substitute Permit—12 hours of training completed on: __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Code #)</th>
<th>(Endorsement)</th>
<th>(Code #)</th>
<th>(Endorsement)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>Course Number &amp; Title</th>
<th>Grade</th>
<th>Hours</th>
</tr>
</thead>
</table>

Signatures

I understand that it is my responsibility to meet all requirements for:

□ First-Class/Full-Time Career and Technical Education Permit
□ Substitute Career and Technical Education Permit

I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that (s)he must satisfy renewal requirements as specified in the WVDE Policy 5202 or (s)he will not be eligible for reassignment to this position.

Signature of Applicant __________________________ Date ____________

Signature of Superintendent or Director __________________________ Date ____________

Signature of WVU Institute of Technology Career and Technology Education Department Chair __________________________ Date ____________
Questions?

Career and Technical Education First-Class Full-Time Permit
Form V9 Requirements

• Initial Career and Technical Education Substitute Permit
  – General Requirements
  – 18 Clock Hours of County Authorized Training, Only Six Hours may Include Class Observations.
  • Registered nurses with a valid nursing license hired for practical nursing or nursing assistant programs are exempt from the training
  • Individuals with a Valid WV Professional Teaching Certificate are exempt from the training
  – Wage Earning Experience / Education Level Requirements of Appendix C (V10 Required)
  – Industry Recognized Credential Requirements of Appendix C
  – Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director
Form V9 Requirements

• Renewal of the Career and Technical Education Substitute Permit
  – 12 Clock Hours of County Authorized Training. Only Three Hours may Include Classroom Observations.
  – Industry Recognized Credential Requirements of Appendix C if Previously Allowed One Year to Attain Credential(s)
  – Recommendation of Employing County Superintendent, RESA Director, Multi-County Center Director or OIEP Director
# Form V9—First-Class/Full-Time CTE or Substitute CTE Permit

**Applicant’s Request for CTE Permit**

<table>
<thead>
<tr>
<th>I am applying for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Initial First-Class/Full-Time CTE Permit</td>
</tr>
<tr>
<td>□ Renewal of First-Class/Full-Time CTE Permit</td>
</tr>
</tbody>
</table>

**Employing Entity’s Verification of Employment**

**WVUIT Official Recommendation**

## First-Class/Full-Time CTE Permit

**Request for Licensure:**

| □ Initial First-Class/Full-Time CTE Permit |
| □ Renewal of First-Class/Full-Time CTE Permit |

### Official Board Employment Date:

**Endorsement(s) Requested (5-AD):**

<table>
<thead>
<tr>
<th>Code #</th>
<th>Endorsement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code #</td>
<td>Endorsement</td>
</tr>
</tbody>
</table>

## Initial First-Class/Full-Time Permit

| □ I certify the applicant has enrolled or submitted a professional commitment with the intent of enrolling in the approved career and technical education program for the endorsement(s) requested. |

| □ I certify that the applicant has completed six semester hours of renewal credit with at least a 3.0 GPA. The credits are within the approved program for the Professional Certificate and in accordance with the applicant’s endorsement/assignment. |

**Note:** WVUIT Official Recommendation is not required for the Substitute CTE Permit.

## Substitute CTE Permit

**I am applying for:**

| □ Initial Career and Technical Education Substitute Permit |
| □ Renewal of the Career and Technical Education Substitute Permit |

**Request for CTE Substitute Permit:**

| □ Original Career/Technical Substitute Permit—18 clock hours of training completed on: |
| □ Renewal of Career/Technical Substitute Permit—12 hours of training completed on: |

<table>
<thead>
<tr>
<th>Code #</th>
<th>Endorsement</th>
<th>Code #</th>
<th>Endorsement</th>
</tr>
</thead>
</table>

## Signatures

**I understand that it is my responsibility to meet all requirements for:**

| □ First-Class/Full-Time Career and Technical Education Permit |
| □ Substitute Career and Technical Education Permit |

**I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that (s)he must satisfy renewal requirements as specified in the WVDE Policy 5202 or (s)he will not be eligible for reassignment to this position.**

**Signature of WVU Institute of Technology Career and Technology Education Department Chair.**

**Signature of Applicant**

**Date**

**Signature of Superintendent or Director**

**Date**
Questions?

Career and Technical Education Substitute Permit
Adult Education Licensure

Complete Requirements may be Accessed in the Latest Version of WVBE Policy 5202 at
http://wvde.state.wv.us/policies/
Adult Applications Summary (Adults Instruction)

- Form V15
  - Adult Basic Education (HS Equivalency, etc.) (Fee $35)
- Form V17
  - Endorsements listed in Appendix C, Table 5 except EMT and Fire Service (Fee $35)
- Form V18
  - EMT and Fire Service endorsements (Fee $35)
Form V15 Requirements

• Initial Adult License Endorsed for Adult Basic Education
  – General Requirements
  – Bachelor’s Degree from Regionally Accredited Institution of Higher Education
  – Minimum Overall Cumulative GPA of 2.5 for a Bachelor’s Degree (see 126-136-9.8)
  – Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director
Form V15 Requirements

• Renewal of the Adult License Endorsed for Adult Basic Education
  – Option 1:
    • Six Semester Hours of College/University Coursework Reflecting a Minimum 3.0 GPA and Prescribed for Issuance of a Professional Teaching Certificate or in a Program of Adult Education OR
  – Option 2:
    • Age 60

AND

– Professional Development Activities Approved by the Licensing Agency
– Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director
Form V15—Adult License for Adult Basic Education

Social Security Number: _______________________

Last Name: ________________________ First: ________________________ MI: _____

Employing County, RESA, Multi-County Center or OIEP

Option 1— Initial Adult License for Adult Basic Education

☐ The applicant has been employed and is recommended for certification

Date of Employment: _______________________

☐ The applicant has included a copy of their official transcripts with a bachelor’s degree and minimum 2.5 GPA.

Option 2— Renewal Adult License for Adult Basic Education (select one option)

☐ Option 1: The applicant has provided official transcripts reflecting six (6) semester hours of approved coursework with a minimum 3.0 GPA, prescribed for issuance of a Professional Teaching Certificate or in a program of Adult Education OR

☐ Option 2: The applicant has reached age 60 and attached a copy of their birth certificate as proof to this application

AND The applicant has completed all required Adult Basic Education Professional Development Activities and documentation is on file with their employer (required for both options).

Date In-Service was completed (required) _______________________

Note: The Office of Adult Education and Workforce Development must provide approval (via e-mail or authorized official signature) of six (6) semester hour of coursework and professional development activities as part of the application review process at the WVDE before an application may be approved.

Signature

Signature of Superintendent, RESA Director, Multi-County Director or OIEP Director Date
Questions?

Adult Basic Education
Form V17 Requirements

• Permanent Adult Part-Time Permit
  – General Requirements
  – Wage Earning Experience / Education Level Requirements of Appendix C (V10 Required)
  – Industry Recognized Credential Requirements of Appendix C
  – Recommendation of Employing County Superintendent, RESA, Multi-County Center Director, or OIEP Director

Note: EMT and Fire Service Endorsements are Ineligible for a Permanent Adult Part-Time Permit Use Form V18.
Form V17—Permanent Adult Part-Time Permit

Social Security Number: ____________________________

Last Name: ____________________________ First Name: ____________________________ MI: _____

**Information**

FORM V10 AND APPLICANT INFORMATION PAGE MUST ACCOMPANY THIS FORM
FORM V18 REQUIRED IF APPLYING FOR EMT OR FIRE SERVICE TRAINING

Employing County, RESA, Multi-County Center or OIEP

- [ ] Adult Permit for Occupational Area Identified in WVBE Policy 5202, Appendix C, Table 5: ____________________________

- [ ] FORM V10 MUST BE INCLUDED WITH THIS APPLICATION

- [ ] EDUCATION LEVEL DOCUMENTATION, IF APPLICABLE (HS DIPLOMA/EQUIVALENT OR DIPLOMA)

- [ ] INDUSTRY CREDENTIAL ATTACHED, IF APPLICABLE

________________________/_______/_______
Employment Date

________________________/_______/_______
Signature of Superintendent, RESA Director, Multi-County Center Director or OIEP Director

Date

**Applicant Signature**

________________________
Applicant Signature

________________________/_______/_______
Form V18

- Initial EMT Adult Part-Time Permit
  - General Requirements
  - High School Diploma or Equivalent (ex. GED)
  - Completed Four Years of Recent Volunteer or Paid Work Experience (V10 Required)
  - Scores Reflecting a Minimum of 85% on a WVDE Approved Examination
  - Hold current WV EMT, WV Paramedic or National Registry EMT License
  - Hold Valid CPR Instructor Certification
  - Complete an Approved Instructor Course
  - Successfully Complete the EMT Field-Based Experience
  - Recommendation of Employing County Superintendent/RESA Director
Form V18

- Initial Fire Service Adult Part-Time Permit
  - General Requirements
  - High School Diploma or Equivalent (ex. GED)
  - Completed Four Years of Recent Volunteer or Paid Work Experience (V10 Required)
  - Scores Reflecting a Minimum of 85% on a WVDE Approved Examination
  - Hold First Aid or Advanced EMS Certification
  - Hold Valid CPR Certification
  - Complete an Approved Instructor Training Program
  - Successfully Complete the Field-Based Experience in Fire Instructor Training
  - Verification of Completion of Required Training in Firefighting and Hazardous Materials
  - Recommendation of Employing County Superintendent/RESA Director
County/RESA Selects Initial Certification and Verifies All Criteria. Pay Close Attention to See if Documentation is to be Attached or Kept on File at RESA

*County Superintendent/RESA Director MUST Sign the Applicant Information Page*
Form V18

- Renewal of the EMT Adult Part-Time Permit
  - Hold a Valid WV EMT, WV Paramedic, or National Registry EMT or Paramedic License
  - Hold Current CPR Instructor Certification
  - Complete 30 Hours of Teaching Activity in EMS or Related Courses Subsequent to Issuance of License Being Renewed
  - Serve as an Evaluator for at Least One Practical Examination Subsequent to Issuance of License Being Renewed
  - Attend at Least Three Approved Instructor Seminars Subsequent to Issuance of License Being Renewed
  - Recommendation of Employing County Superintendent/RESA Director
Form V18

- Renewal of the Fire Service Adult Part-Time Permit
  - Complete 30 Hours of Teaching Activity in an Approved Fire Service or Related Course Subsequent to Issuance of License Being Renewed
  - Attend at Least Three Approved Instructor Seminars Subsequent to Issuance of License Being Renewed
  - Recommendation of Employing County Superintendent/RESA Director
## Form V18 - Adult Permit for EMT and Fire Service Training

### Social Security Number:

### Last Name:  

### First Name:  

### Initial Certification

<table>
<thead>
<tr>
<th>Please verify the following:</th>
<th>INITIAL CERTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N Minimum of a High School Diploma, OED or equivalent (documentation attached)</td>
<td></td>
</tr>
<tr>
<td>Y N Minimum 4 years work experience (original V-10 attached)</td>
<td></td>
</tr>
<tr>
<td>Y N Valid WV EMT/Paramedic License or National Registry EMT/Paramedic (Copy Attached)</td>
<td></td>
</tr>
<tr>
<td>Y N Valid CPR instructor certification (Copy Attached)</td>
<td></td>
</tr>
<tr>
<td>Y N Achieved score of 80% on WVDE approved examination (Copy Attached)</td>
<td></td>
</tr>
</tbody>
</table>

### Renewal of Certification

<table>
<thead>
<tr>
<th>Please verify the following:</th>
<th>RENEWAL OF CERTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N Minimum of a High School Diploma, OED or equivalent (documentation attached)</td>
<td></td>
</tr>
<tr>
<td>Y N Minimum 4 years work experience (original V-10 attached)</td>
<td></td>
</tr>
<tr>
<td>Y N Valid WV EMT/Paramedic License or National Registry EMT/Paramedic (Copy Attached)</td>
<td></td>
</tr>
<tr>
<td>Y N Valid CPR instructor certification (Copy Attached)</td>
<td></td>
</tr>
<tr>
<td>Y N Valid First Aid or Advanced EMT certification (Copy Attached)</td>
<td></td>
</tr>
</tbody>
</table>

### County/RESA Selects Renewal of Certification and Verifies All Criteria. Circle Yes and Pay Close Attention to See if Documentation is to be Attached or Kept on File at RESA

### For Renewal Only of EMT Certification

<table>
<thead>
<tr>
<th>Y N The following information is reflected on documents filed by the RESA Public Service Training Coordinator:</th>
</tr>
</thead>
</table>
| A. Applicant holds valid:  
| Expiration Date:  
| Expired Date: CPR Instructor Certification (copy attached)  |
| B. Applicant completed 30 hours of teaching in an approved EMT or related courses:  
| Date: Location:  
| Date: Location:  
| Date: Location:  |
| C. Applicant served as an evaluator for at least one practical examination:  
| Date: Location:  |
| D. Applicant attended at least three approved seminars:  
| Date: Location:  
| Date: Location:  
| Date: Location: |

### For Renewal Only of Fire Service Certification

<table>
<thead>
<tr>
<th>Y N The following information is reflected on documents filed by the RESA Public Service Training Coordinator:</th>
</tr>
</thead>
</table>
| A. Applicant completed 30 hours of teaching activity in an approved fire service or related course:  
| Date: Location:  |
| Date: Location:  
| Date: Location:  |
| B. Applicant attended at least three approved instructor seminars:  
| Date: Location:  
| Date: Location:  
| Date: Location: |
| C. Applicant served as an evaluator for at least one practical examination:  
| Date: Location:  |

### Signature of RESA Public Service Coordinator w/ Date

*County Superintendent/RESA Director MUST Sign the Applicant Information Page*
Questions?

Adult Education
FORM V10

- Form required with both career and technical education and adult education applications
- Verifies wage earning experience as defined by policy 5202
- Must be signed and stamped by a notary public
- Job title/occupation and company name should match between the applicant and employer sections
- Employment begin and end date must cover the required years of experience based upon education level
- Employment end date must say present or use the date of application if the applicant is currently employed with the company (it may not be left blank)
- Tax records must be included for years of self-employment
# Form V10—Verification of Work Experience

**West Virginia Department of Education**

**REV20151103**

## Part 1—Applicant

<table>
<thead>
<tr>
<th>Name of Company Verifying Employment</th>
<th>Phone Number</th>
<th>Job Title or Occupation Verified by Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Must be the same as Part 2)</em></td>
<td></td>
<td><em>(Must be the same as Part 2)</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Company</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

| County, RESA, Multi-County Center or OIEP                    | County Superintendent, RESA Director, Multi-County Center Director or OIEP Director |
| In which I am currently Seeking Employment                   | Occupational Area/Endorsement Expected to Teach |

<table>
<thead>
<tr>
<th>Address of County Board of Education, RESA, Multi-County Center or OIEP</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

I certify that I was employed by the company/agency I have identified. I authorize this company/agency to validate the information requested on this form and submit it to the county superintendent of schools, RESA Director, Multi-County Center Director or OIEP Director I have indicated.

<table>
<thead>
<tr>
<th>Applicant’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

## Part 2—Verification of Employment by Employer

<table>
<thead>
<tr>
<th>Applicant’s Job Title or Occupation</th>
<th>Employment Begin Date</th>
<th>Employment End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Same as Part 1)</em></td>
<td><em>(or presently employed)</em></td>
<td></td>
</tr>
</tbody>
</table>

If part-time, indicate the number of hours worked per week: ______________

Brief Description of Job Duties: _______________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>State</th>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Company (Same as Part 1)</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

Signature of Supervisor

<table>
<thead>
<tr>
<th>State</th>
<th>County</th>
</tr>
</thead>
</table>

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

My Commission Expires ________________

Signature of Notary Public

Official Seal Here
Resources

- To access the online payment system for application fees, please visit [https://wveis.k12.wv.us/certpayment/](https://wveis.k12.wv.us/certpayment/)
- To review the most current application forms, please visit [http://wvde.state.wv.us/certification/forms/](http://wvde.state.wv.us/certification/forms/)
- To review the most current course code manual and determine endorsement requirements, please visit [https://wveis.k12.wv.us/wveis2004/support.htm](https://wveis.k12.wv.us/wveis2004/support.htm)
- To review the most current version of WVBE Policy 5202, please visit [http://wvde.state.wv.us/policies/](http://wvde.state.wv.us/policies/)
- To review this PowerPoint after the meeting, please visit [http://wvde.state.wv.us/certification/resources.html](http://wvde.state.wv.us/certification/resources.html)
West Virginia Department of Education

Office of Educator Effectiveness and Licensure

Teacher Quality Coordinators

Mr. Robert Mellace
rmellace@k12.wv.us
Mrs. Jodi Oliveto-Moore
joliveto@k12.wv.us

Phone: 1-800-982-2378 or 1-304-558-7010