



Office of Certification
 Building 6, Room 262
 1900 Kanawha Boulevard, East
 Charleston, WV 25305
 304-558-7010 12/7/2020

Applicant Information Page

Date Received by County Board of Education: _____

Date Received by Institution of Higher Education: _____

Part 1 -Applicant Information

Social Security Number _____ Birth Date (MM-DD-YYYY) _____ Gender (M or F) _____ US Citizen (Y or N) _____
 US Veteran or Spouse of Veteran (Y or N) _____

Last Name _____ First Name _____ MI _____ Previous Last Name (Maiden) _____
 (If your name has changed since your last application, **proof of name change must be attached** e.g. photocopy of marriage certificate, etc.)

Street Address _____ City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____ E-Mail _____

List the institutions from which a degree has been earned			Are you currently employed by a West Virginia School System?		Do you currently hold a License to work in the public schools of West Virginia?	
College/University	Degree	Date	Yes	No	Yes	No

Part 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.

Signature of Applicant _____ Date _____

A non-refundable fee is required for each application. Please pay online at <https://wweis.k12.wv.us/certpayment/>. Applications attached:

_____	_____	_____	_____	_____	_____
Form #	Form #	Form #	Form #	Form #	Form #

Part 4—Fingerprinting Information

Fingerprinting instructions at <https://wvde.us/certification/certification-info/application-forms/first-time-application/>
 I have previously received Certification in WV and understand that I do not need to re-submit my fingerprints.
 I have never held WV Certification and will submit my fingerprints to IdentoGo. All first-time applicants must have fingerprints processed by IdentoGo (L1enrollment.com). A fingerprint service code will be sent to your e-mail once the application is received.

Part 5 - Superintendent Recommendation (Required if employed in 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 duties of a teacher. I recommend that s/he be granted certification.

Signature of Superintendent _____ County _____ Date _____

Part 2-Disclosure of Background Information

	YES	NO	Documentation Attached
If you answer yes to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, and all/any other information that explains the circumstance(s) in detail.			
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 & 6, the following must be included for all charges, including those that have been dismissed or expunged: 1) Judgment Order; **OR** 2) Final Order; **OR** 3) Magistrate Court Documentation; **AND** 4) all other relevant court documentation.



West Virginia DEPARTMENT OF EDUCATION

REV 20201207

Form 20E — Statement of Eligibility

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant

Y	N	I am seeking a statement of eligibility which may be used to apply for employment opportunities as a teacher within West Virginia school districts. I recognize that if I receive a statement of eligibility, it will be valid for a period of three years. Upon securing employment, I will apply for a provisional teaching certificate, which may allow me to begin employment as a professional educator.
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Y	N	I have successfully completed a minimum of two years of successful full-time teaching experience within a public school in the state that issued the expired professional teaching certificate, as verified by my employer on the attached form V10 .
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Y	N	I hold a minimum of a bachelor's degree from a regionally accredited institution of higher education and a minimum overall cumulative grade point average of 2.5 as reflected on the included official transcripts .
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The applicant must **attach a copy of an expired and renewable out-of-state professional teaching certificate, issued without restrictions, that has expired within five years from the date of application**. West Virginia will grant applicants any endorsement listed on the valid Out-of-State Certificate that is currently offered by the state of West Virginia. A complete list of endorsements (and grade levels) that may be recognized on the West Virginia Statement of Eligibility may be accessed in the most recent Licensure Testing Directory at <http://wvde.state.wv.us/certification/>.

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 statement(s)/license(s) that I am seeking or currently hold.

Signature of Applicant

Date

Institution of Higher Education or State Education Agency Official Recommendation

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 the duties of teacher. To the best of my knowledge, the applicant has disclosed information regarding any criminal conviction or currently pending charged felony or misdemeanor. I hereby verify that the applicant has completed a state approved teacher preparation program from a regionally accredited institution of higher education or an alternative program approved by the state education/licensing agency within the requested endorsements area(s) and grade levels identified, which included the successful completion of a state approved clinical experience/student teaching experience or equivalent.

Signature of Authorized Institution of Higher Education or State Education Agency Official

Date