



# VERIFICATION OF ALTERNATIVE CERTIFICATION PROGRAM

West Virginia Department of Education  
Office of Certification  
1900 Kanawha Boulevard East  
Building 6, Room 262  
Charleston, WV 25305

<https://wvde.us/certification/certification-info/>

Complete Section A of this form. Send it to the state agency or school district through which you completed your teacher preparation and certification program or pathway. This form can be returned to the WVDE Office of Certification via e-mail attachment to: [bfittro@k12.wv.us](mailto:bfittro@k12.wv.us) or via the United States Postal Service to the address above.

## SECTION A

TO BE COMPLETED BY APPLICANT				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE:	9. West Virginia Educator License Number			6. E-MAIL

## SECTION B

TO BE COMPLETED BY INSTITUTION/AGENCY		
<p>The above named is an applicant for teacher certification in the State of West Virginia. Complete information in Section B. To be valid, this form must be signed by the certification officer, the superintendent, the superintendent's designee or designee at the State Agency or entity where the applicant completed a teacher preparation and certification program or pathway. A stamped signature must be initialed by the person using the stamp. RETURN THIS FORM TO THE APPLICANT or to the Office of Certification at the address at the top of this form or the e-mail listed above Section A in the instructions.</p> <p>A. Has this applicant completed a state-approved teacher preparation program or pathway in your state? <span style="float: right;">A. YES NO</span> Date of program completion. _____</p> <p>B. Did the program/pathway include a supervised internship/student teaching experience or equivalent? <span style="float: right;">B. YES NO</span></p> <p>C. Was applicant eligible for full certification in your state at the completion of the teacher preparation program? <span style="float: right;">C. YES NO</span> If no, what were the deficiencies? _____</p>		
ADDRESS	<p>By signing this form, I attest that the above information is true and accurate to the best of my knowledge.</p>	
CITY/STATE/ZIP		
TELEPHONE		E-MAIL
NAME OF AGENCY		SIGNATURE