

Applicant Information Page

Certification Services
Building 6, Suite 550
1900 Kanawha Boulevard,
East Charleston, WV 25305
304-558-7010 7.22.2021

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 |
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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:

Supporting documentation attached:
(non-fee required Forms, e.g. Forms 4B, 7, V10, V16)

Form # Form # Form # Form # Form # Form #

Part 4—Fingerprinting Information

Fingerprinting instructions at <https://wvde.us/certification-and-professional-preparation/certification/application-forms>
 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 L1 Solutions. All first-time applicants must have fingerprints processed by L-1 Solutions (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

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. *

| YES | NO | Documentation Attached |
|-----|----|------------------------|
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* 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 7.22.2021

Form 1T—Restricted Pre-Professional Certificate

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

| Applicant | Employing County | Institution of Higher Education |
|---|---|---|
| <p>Name of Institution where you completed the requirements for certification:</p> <p>_____</p> <p>By Signing this Agreement:</p> <p>A) I am making a formal commitment to successfully complete the required PRAXIS Exam to receive my certification.</p> <p>B) I understand that it is my responsibility to meet the requirements for certification and that this Pre-Professional Certificate is non-renewable.</p> <p><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.</i></p> <p>_____ Signature of Applicant</p> <p>_____ Date</p> | <p>_____ Employing County</p> <p>_____ Employing School</p> <p>_____ Endorsement/Grade Range Required</p> <p>_____ Endorsement/Grade Range Required</p> <p>_____ Date Applicant Will Begin/Continue Assignment</p> <p>_____ Signature of Superintendent</p> <p>_____ Date</p> | <p>_____ Institution of Higher Education</p> <p>_____ Endorsement/Grade Range Completed</p> <p><i>I verify that the applicant has completed all course requirements of the approved program while employed under a First-Class/Full-Time Permit for the endorsement area requested but has not attained the required passing scores on the Praxis content exams.</i></p> <p>_____ Signature of Institution Official</p> <p>_____ Date</p> |