

## **Applicant Information Page**

Date Received by County Board of Education:

Date Received by Institution of Higher Education:

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

Part 1 -Applicant Information					Part 2-Disclosure of Background Information				
Social Security Number  Last Name (If your name has changed si	Birth Date (MM-DD-YYYY)  First Name nce your last application, <b>proof</b>			US Veteran or Spouse of Veteran or Spouse or Spouse of Veteran or Spouse		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.	YES	NO	Documentation Attached
Street Address Primary Phone List the institutions	Secondary Phor		E-Mail  Are you currently employed by a West Virginia School System:	work in the public school	License to	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.			
College/University	Degree	Date	Yes No  If YES, please indicate the school system:	Virginia? Yes N  Do you currently hold a work in the public schoother state?  Yes N	License to ools of an-	Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?			
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.						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?			
	ed for each application. Please prtpayment/. Applications attach	Date Supporting documentation attached: (non-fee required Forms, e.g. Forms 4B, 7, V10, V16)			5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony? *				
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						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)			
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.					* 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				
Signature of Superintendent		County	Da	te					



REV 7.22.2021

Form 10Collegiate Instructor Permit							
Social Security Number:							
Last Name:	First Name:	MI:					

PART 1	PART 2	
Original Collegiate Instructor Permit Conferred MA Degree in the content area in which the permit will be endorsed. Verification of a minimum of three years of college/university teaching experience in the content area in which the permit will be endorsed.	Renewal Collegiate Instructor Permit  Name of college/university where applicant is a full-time instructor.	Transcripts may be sent via e-Scripts to: cert.transcripts.wvde@k12.wv.us  Payment is made at the following site: https://wveis.k12.wv.us.certpayment
Name of college/university where applicant is a full-time instructor.		
Employing County	Employing County	
Employing School	Employing School	
Endorsement/Grade Range Required	Endorsement/Grade Range Required	
Endorsement/Grade Range Required	Endorsement/Grade Range Required	
Date Applicant will begin assignment:	Date Applicant will begin assignment:	
I verify that the applicant is the most qualified applicant for a position in which no certified applicant has applied and has been offered part-time employment where local policy provides assurance that such personnel do not replace a full state-certified educator.	I verify that the applicant is the most qualified applicant for a position in which no certified applicant has applied and has been offered part-time employment where local policy provides assurance that such personnel do not replace a full state-certified educator.	Applicant Information Page must be attached.
Signature of Superintendent Date	Signature of Superintendent Date	