

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

College/University	Degree	Date

Are you currently employed by a West Virginia School System?

Yes No

If YES, please indicate the school system:

Do you currently hold a License to work in the public schools of West Virginia?

Yes No

Do you currently hold a License to work in the public schools of another state?

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:

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/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

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

* 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.



Form 11--Contractor/Volunteer/Other School Personnel Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

____ 1. Original Contractor/Volunteer/Other School Personnel Permit

____ 2. Original u- # #ontractor -- All counties**

**This option requires signature of WVDE official

Employing County (Required for option #1)

Employing School (Required for option #1)

Date Applicant will begin assignment/contract/volunteering

____ 1. Renewal Contractor/Volunteer/Other School Personnel Permit

____ 2. Renewal TEC-Contractor -- All counties**

Employing County (Required for option #1)

Employing School (Required for option #1)

Date Applicant will begin assignment/contract/volunteering

Payment is made at the following site:

<https://wveis.k12.wv.us.certpayment>

U 7

7-Contractor /release

Fingerprints shall be analyzed by the state police for a state criminal history record check through the central abuse registry record and then forwarded to the FBI for a national criminal history record check. Information contained in either the central abuse registry record or the FBI record may form the basis for the denial of a certificate for cause in accordance with W. Va. Code §18A-3-2a and §18A-3-10.

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided on this application. When necessary I have included documentation verifying this information. To the best of my knowledge, the applicant can perform the volunteer functions required.

Signature of Superintendent /WVDE Official Date

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided on this application. When necessary I have included documentation verifying this information. To the best of my knowledge, the applicant can perform the volunteer functions required.

Signature of Superintendent Date

Applicant Information Page must be attached.



Office of Certification
 Building 6, Suite 262
 1900 Kanawha Boulevard,
 East Charleston, WV 25305
 Telephone: 304-558-7010
 Fax: 304-558-7843

Rev20201207

Form 7—Contractor Consent/Release of Background Results

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Consent Agreement

Police records: I hereby request a record check be made to find any police record on me, the individual named below, and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System. I am authorizing that the results of the record check be released to the West Virginia Department of Education (WVDE) for official business purposes. **Other Information:** I hereby authorize any representative of the WVDE bearing this release or a copy of this release to obtain information pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records regarding me. This release is executed with the full knowledge and understanding that the information is for the WVDE's official use. I further consent to the WVDE providing such information to any out-of-state educational agency should I apply for licensure in that state or already have been issued a license in such state. I further consent to the WVDE furnishing such information described above to third parties if necessary to the WVDE fulfilling its official responsibilities regarding my West Virginia application upon execution by such third parties confidentiality agreement. I hereby release any individual, agency and institution from any and all liability for damages of whatever kind which may result from comply-ing or attempting to comply in good faith with this authorization and request to release information. I may be contacted at the address indicated below should there be any questions as to the validity or authenticity of this release. Kǝ cǝg'tǝcf 'ǝ g'ǝwǝej g'f 'r tǝcǝf 'wǝgo g'p'ǝAs per Title 28.CFR, 16.34, you have the right to challenge the completeness or accuracy of your criminal history record by contacting the Federal Bureau of Investigation (FBI) directly. To challenge your WV State Police Criminal History Record, please visit <https://www.wvsp.gov> and complete a WVSP 136A form."

Applicant Consent

Printed Full Legal Name _____

Current Address _____

Signature _____

Date _____

Applicant Consent/Release of Information to County Board of Education/WVDE

Check this box to release the results of the WV State Police criminal history background check to a county board of education or the WVDE for purposes of contractual/volunteer work.

I understand according to W. Va. Code §18A-3-10, upon my written consent to the WVDE and within ninety (90) days of the State Police fingerprint analysis that the results of said analysis may be provided to a county board of education where I will be performing contractual/volunteer work/assignment without further cost to me. I understand that if I do not consent, I will have to undergo an additional state check for such assignment as per W. Va. Code §18-5-15c and I may be responsible for the cost of the background check.

APPLICANT INITIAL HERE: _____

West Virginia County Board of Education Request for Criminal Identification Bureau Results

I verify that the individual identified below will be performing contractual/volunteer services for

_____ County Board of Education or the _____ WVDE. I am requesting that the results from the CIB be forwarded to the appropriate office if the applicant has undergone a background check for a Contractor/Volunteer/Other School Personnel permit within the last ninety (90) days and has consented to their release.

Name of Individual _____

Social Security Number _____

Signature of Superintendent/WVDE Official _____

Date _____

Verification of Notary Public

State _____

County _____

Taken, Subscribed and Sworn Before Me this _____ Day of _____, 20_____.

My Commission Expires _____.

Signature of Notary Public _____

Requirement

According to W. Va. Code §18-A-3-10, any applicant for an initial license issued by the West Virginia Department of Education (WVDE) shall be fingerprinted by the West Virginia State Police in accordance with West Virginia Board of Education Policy 5202 in order to determine the applicant's suitability for licensure. The fingerprints shall be analyzed by the State Police for a state criminal history record check through the central abuse registry and then forwarded to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Information contained in either the central abuse registry record or the FBI record may form the basis for the denial of a certificate for just cause. The applicant for initial certification pays for the cost of obtaining the central abuse registry record and the FBI record. Upon written consent to the WVDE by the applicant and within ninety days of the state fingerprint analysis, the results of a state analysis may be provided to a county board with which the applicant is applying for employment without further cost to the applicant. Information maintained by the WVDE or a county board of education which was obtained for the purpose of the criminal history check is exempt from the disclosure provisions of chapter twenty-nine-B of West Virginia Code. Nothing in this section prohibits disclosure or publication or information in a statistical or other form which does not identify the individuals involved or provide personal information.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).