

oplicant Information Page for Credentials that Require Employment					
ate Received by County Board of Education:					
ate 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 Namince your last application, proof			US Veteran or Spouse of Veteran (Y or N) Name (Maiden) of marriage certificate, etc.)	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	ON	Documentation Attached
Street Address City State Zip Code Primary Phone E-Mail Are you currently employed by Do you currently hold a 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					
List the institutions College/University	Degree	een earned Date	Are you currently employed by a West Virginia School System? Yes No If YES, please indicate the school system:	work in the public schools of Wes Virginia? Yes No Do you currently hold a License to work in the public schools of an other state? Yes No	cr cancellation. 2) Have you ever been disciplined, reprimanded, suspended, or			
I sway as office under the part	3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?							
I swear or affirm under the pena understand that any false statem that I am seeking or currently how								
A non-refundable fee is required for each application. You may pay online at https://wveis.k12.wv.us/certpayment/. Applications attached: 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 #					6) Have you ever been arrested, charged with or convicted of a misdemeanor? (For the purpose of this			
Fingerprinting instr I have previou I have never held WV C processed by IdentoGo	 application, minor traffic violations should not be reported) Charges or convictions for driving while intoxicat- ed (DWI) or driving under the influ- ence of alcohol or other drugs (DUI) must be reported. * 							
Part 5 - Superintendent Recommendation (Required) 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					those that have been dismissed	narges or exp der; C	, inclu punge)R 3)	uding d: 1) Mag-
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Form 20C — Conversion from a Provisional to a Professional Teaching Certificate

Social Security Number:		

	School District									
Conversion Requirements (Circle Yes or No)										
Y	N	The applicant has successfully completed a Beginning Educator Internship/Induction (Refer to W. Va. Code §18A-3C-3) for classroom teachers OR qualifies for exemption as stated in WVBE Policy 5202. Identified Exemption:								
Y	N	The applicant has completed successful evaluations for each year taught under the Provisional Professional Certificate within the West Virginia Educator Evaluation System, AND with an earned performance rating of emerging or above, pursuant to W. Va. Code §18A-2-12.								
Y	N	The applicant has completed two years of full-time teaching experience under the Provisional Professional Certificate AND in the area(s) of endorsement on such certificate in West Virginia. Identified Endorsement(s): Required Experience Verification:								
		School	Year(s)	County/District	Position					
Y	The applicant has: 1) successfully completed the appropriate coursework (six semester hours of college/university coursework reflecting the minimum of 3.0 GPA, as applica-ble) related to the public school program as defined in §126-136-9.6.g, completed subsequent to the issuance of the initial Provisional Professional Certificate to be converted and within the last five years; OR 2) successfully completed e-learning coursework related to the public school program as defined in WVBE Policy 5202, completed subsequent to the issuance of the initial Provisional Professional Certificate to be converted and within the last five years. For verification purposes, the application MUST either include a copy of official transcripts, OR include verification of e-learning course completion.									
I hereby certify and agree with the following statements: The applicant is employed within our school district, has met all requirements for conversion from the Provisional Teaching Certificate to the Initial Professional Teaching Certificate pursuant to WVBE Policy and West Virginia State Code, and I officially recommend that the applicant receive the requested certificate for the requested endorsement.										
Signature of the Employing Superintendent School District Date										