

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 |
| | | | If YES, please indicate the school system: | | 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. 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)

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)

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 20210722

Form 25R — Renewal of the Alternative Teaching Certificate

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

School District

Name of the WVBE-Approved Alternative Certification Program:

Endorsement(s) w/ Grade Level(s):

Reason for Renewal (Select all which are applicable)

The applicant has not yet completed the alternative certification program of study.

The applicant has not yet completed all WVBE required exams (basic skills, content and professional education).

Other: _____

Renewal Requirements (Circle Yes or No)

| | | |
|---|---|--|
| Y | N | The applicant continues to be enrolled and actively participates in the WVBE-approved alternative certification program of study and has made satisfactory progress in the program of study. |
|---|---|--|

| | | |
|---|---|---|
| Y | N | The applicant continues to be employed in the same critical need and shortage endorsement area and grade levels identified on his or her initial application for an Alternative Teaching Certificate. |
|---|---|---|

| | | |
|---|---|--|
| Y | N | The applicant has received satisfactory evaluation(s) in the professional personnel evaluation process, pursuant to W. Va. Code §18A-2-12. |
|---|---|--|

I hereby certify and agree with the following statements: The applicant is employed through a WVBE-approved alternative certification program pursuant to WVBE Policy and West Virginia State Code. The school district as the program provider, will provide all required alternative certification coursework, supports, supervision, induction and mentoring leading to an initial provisional teaching certificate, according to the school district's WVBE-approved alternative certification program. The placement of the candidate serves as a clinical experience within the requested endorsement(s) and within the identified grade level(s). The applicant's academic or occupational qualifications reasonably indicate the candidate is competent to fill the teaching position and the applicant has submitted qualifying documentation. The school district will immediately notify the WVDE if the applicant completes, leaves or is removed from the alternative certification program and provide copies of the comprehensive evaluation report. All other required evidence and evaluative documentation for the alternative certification program will be made available to the WVDE upon request.

Signature of Superintendent _____

School District _____

Date _____