

INSTRUCTIONS FOR SUBMITTING FEE REIMBURSEMENT APPLICATIONS (Form 33, Form 36, and Form 37)

Beginning July 1, 2012, all Form 33, Form 36, and Form 37 fee reimbursement applications submitted to the Office of Certification and Professional Preparation MUST include all required documentation for approval. The required documentation is listed on the appropriate Form 33, Form 36, and Form 37 application page.

Any application received without all required documentation, as listed on the Form 33, Form 36, and/or Form 37 application page, will be denied. To reapply, a new application must be submitted to the Office of Certification and Professional Preparation.

The approval and denial status for all Form 33, Form 36, and Form 37 applications will be displayed **online only** for the county of employment and for the applicant. Payment for all applications, if approved for state reimbursement, will be issued by the county of employment. Any state-approved reimbursement amount will be listed on the online reimbursement status site.

Fee reimbursement applications are processed on the fiscal year system. All Form 33, 36 and 37 applications received during each fiscal year (July 1 through the following June 30) will be processed by the end of that same fiscal year (June 30).

Fee reimbursement application information is available through:

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

Then select "Reimbursements" then "View Details" link

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 _____

Please Identify the Attached Application

Form 33

Form 36

Form 37

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

* 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 33— Fee Reimbursement for ASHA, NBCC, WVBE, NASP, & NBCSN

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Part 1— Fee Reimbursement Request

I am requesting fee reimbursement for:

- Enrollment** in the board certification program \$ _____
(up to 1/2 of program fee)
- Completion** of the board certification program \$ _____
(remaining 1/2 of program fee)
- Extra expenses** incurred during the program (up to a maximum
\$600 allowable. You MUST complete Part 2 of this application.)

Total Requested: \$ _____

A completed Form 33 application must include:

- **for enrollment fee reimbursement:**
 - A copy of correspondence from ASHA, NBCC, WVBE, NASP or NBCSN verifying enrollment in the board certification program; and
 - An official receipt verifying the payment made to ASHA, NBCC, WVBE, NASP or NBCSN for the amount being claimed for enrollment fee reimbursement.
- **for completion fee reimbursement:**
 - A copy of an official certificate or official correspondence from ASHA, NBCC, WVBE, NASP or NBCSN verifying that board certification has been granted; and
 - An official receipt verifying the payment made to ASHA, NBCC, WVBE, NASP or NBCSN for the amount being claimed for completion fee reimbursement.
- **for extra expenses reimbursement:**
 - A numbered receipt for each item being claimed for extra expenses; and
 - A copy of an official certificate or correspondence from ASHA, NBCC, WVBE, NASP or NBCSN verifying that board certification has been granted; and
 - A completed Part 2 section of this application page.

Submit both pages of the Form 33 application, a completed and signed applicant information page, and all other documentation required above to the WVDE by September 15.

Part 2—Reimbursement of Extra Expenses

Please read the following instructions carefully: Applicants who have completed the board certification program are eligible for reimbursement of actual expenses (**\$600.00 maximum**) incurred while completing the program. **The expenses itemized below must be accompanied by receipts that are numbered and attached to an 8-1/2" X 11" sheet(s) of white paper.** These items may include purchases such as tuition for board certification preparation classes, educational supplies, postage, etc. Items **ineligible** for reimbursement include durable goods such as video-recorders, projectors, or computer equipment.

Date	Receipt #	Item	Cost
Total Amount Requested for Extra Expenses (Limited to \$600) -			

I certify that I have read the criteria for fee reimbursement and I meet all eligibility criteria. I further certify that all information I have provided on the application is accurate and that I have completed the program requirements as indicated. 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 that I currently hold and grounds for denial of reimbursement or for repayment of such reimbursement to the State. I further certify that I am not requesting reimbursement for federal subsidy or other monies provided by a third-party payer and that all of the information I have provided on the application is accurate and truthful. I agree to repay all monies gained through submission of erroneous information.

SIGNATURE OF APPLICANT

Date

Guidelines for Fee Reimbursement

In accordance with W. Va. Code §18A-4-2b regarding the board certification fee reimbursement program, the applicant for reimbursement must meet all board certification eligibility criteria; be enrolled in or have completed the board certification program, and be employed by the WV public school system. An applicant may be reimbursed only once for enrollment in and once for completion of the board certification program. Additionally, applicants may be reimbursed a maximum of \$600.00 for actual extra expenses incurred while completing the board certification process.



Board Certification Verification

Please indicate the type of board certification held (check one only):

- American Speech-Language Hearing Association (ASHA)
National Board of Certified Counselors (NBCC)
West Virginia Board of Examiners in Counseling (WVBEC)
National Association of School Psychologists (NASP)
National Board for Certification of School Nurses (NBCSN)

Initial board certification effective date:

Current board certification expiration date:

A copy of the board certificate, board certification card, and/or documentation from the board certification agency verifying both the initial effective board certification date and the current expiration date MUST be included with this application.

Social Security Number:

Last Name: First Name:

Employment Verification—To be Completed by the Employing County

Please indicate the position below in which the applicant is employed within the WV public school system:

- Speech-Language Pathologist
School Psychologist
Audiologist
School Nurse
School Counselor

Original School Employment Hire Date as a Speech-Language Pathologist, Audiologist, Counselor, Psychologist or Nurse:

If there is a time lapse during total employment, such as for part-time work or non-employed years, please indicate appropriate employment starting and ending dates:

From to

From to

From to

From to

From to

From to

Signature of County Superintendent

Date