

# 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 Certification Services 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 Certification Services.***

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.



**Part 1—NBPTS Fee Reimbursement Request**

- Enrollment** in the NBPTS Initial Program \$ \_\_\_\_\_  
(first 1/2 of program fee)
- Completion** of the NBPTS Initial Program \$ \_\_\_\_\_  
(remaining 1/2 of program fee)
- Extra expenses** (up to a maximum of \$600 allowable. You must complete **Part 2** of this application.) \$ \_\_\_\_\_
- Renewal** of the NBPTS certification \$ \_\_\_\_\_

**Total Amount Requested:** \$ \_\_\_\_\_

**This completed application must include:**

- **for enrollment fee reimbursement-** First Two Components
  - A copy of correspondence from the NBPTS verifying enrollment in the program, with the candidate ID number; **AND**
  - A copy of an NBPTS receipt verifying the payment made to the NBPTS for the amount being claimed for enrollment fee reimbursement.
- **for completion fee reimbursement- After Completion of All Four Components**
  - A copy of an NBPTS receipt verifying the payment made to the NBPTS for the amount being claimed for completion fee reimbursement; **AND**
  - **A copy of NBPTS documentation verifying that all four components have been received by the NBPTS for final scoring; or**
  - A copy of correspondence from the NBPTS verifying that retakes are needed; **or**
  - A copy of documentation from the NBPTS verifying that NBPTS board certification has been granted.
- **for extra expenses reimbursement:**
  - A numbered receipt for each item being claimed for extra expenses; **AND**
  - A copy of documentation from the NBPTS verifying that NBPTS board certification has been granted; **AND**
  - A completed Part 2 section of this application page.
- **for renewal fee reimbursement:**
  - A copy of an NBPTS receipt verifying the payment made to the NBPTS for the amount being claimed for renewal fee reimbursement.
  - NBPTS documentation verifying the new expiration date of the renewed NBPTS board certification

**Form 37— National Board for Professional Teaching Standards (NBPTS) - Fee Reimbursement**

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Part 2—Reimbursement of Extra Expenses**

**Please read the following instructions carefully:** Applicants who have completed the NBPTS program are eligible for reimbursement of actual expenses (**\$600.00 maximum**) incurred while completing the program, *unless a retake fee waiver has been granted. 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 NBPTS certification preparation classes, retake fees *not* waived, supplies, postage, equipment rental fees, etc. Items **not** eligible for reimbursement include any durable goods such as computer or video equipment.

Date	Receipt #	Item	Cost

**Total Amount Requested for Extra Expenses Only (Limited to \$600)**  
\_\_\_\_\_

**Guidelines for NBPTS Reimbursement**

In accordance with W. Va. Code §18A-4-2a regarding the NBPTS certification fee reimbursement program, the applicant for reimbursement must be a public school classroom teacher as defined in W. Va. Code §18A-1-1; meet all NBPTS eligibility criteria; and be enrolled in or have completed the NBPTS certification program while employed as a classroom teacher (or counselor) in the WV public school system. An applicant may be reimbursed only once for enrollment in and once for completion of the NBPTS program. Additionally, a classroom teacher who achieves NBPTS certification may be reimbursed a maximum of \$600.00 for actual extra expenses incurred while completing the NBPTS certification process.

*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**