

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. You may pay online at <https://wveis.k12.wv.us/certpayment/>. Applications attached:

Form # Form # Form #

Supporting documentation attached:
(non-fee required Forms, e.g. Forms 4B, 7, V10, V16)

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.

YES	NO	Documentation Attached

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. *

* 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.



REV 20210722

**Form 44—ASHA, NBCC, WVBECE, NASP, or NBCSN Board Certification
Salary Supplement Renewal**

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Certification Verification This portion of the application to be completed by the applicant.		Employment Verification This portion of the application MUST be verified and signed by the county.	
Please indicate the type of board certification held: *		Please indicate the position in which the applicant is <i>currently employed</i> within the WV public school system:	
<input type="checkbox"/>	American Speech-Language-Hearing Association (ASHA)	<input type="checkbox"/>	Audiologist
<input type="checkbox"/>	National Board of Certified Counselors (NBCC)	<input type="checkbox"/>	School Counselor
<input type="checkbox"/>	West Virginia Board of Examiners in Counseling (WVBECE)	<input type="checkbox"/>	Speech-Language Pathologist
<input type="checkbox"/>	National Association of School Psychologists (NASP)	<input type="checkbox"/>	School Psychologist
<input type="checkbox"/>	National Board for Certification of School Nurses (NBCSN)	<input type="checkbox"/>	School Nurse
Please indicate the current board certification expiration date: _____		Today's Date: _____	
		Employing County: _____	
		_____ Signature of County Superintendent	

*** This application is for use in "renewing" an existing salary supplement only.**

A copy of the board certificate or card reflecting the current board certification expiration date MUST accompany this application. A completed applicant information page also must be submitted.