



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 or Community Program Director \_\_\_\_\_

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.



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

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

## Form 50—Community Program Authorization

Information listed on this application must be supported by official documentation such as official seal-bearing college or university transcripts.

### Verification of Employment

**NOTE: A completed and signed Applicant Information Page must be attached.**

Applicant is currently employed through a Pre-School Partnership: YES ☐ NO ☐

Community Program Partner \_\_\_\_\_ County Public School System Partner \_\_\_\_\_

Employment assignment date: \_\_\_\_\_

Applicant has a minimum of one year in Early Education Teaching experience: YES ☐ NO ☐

Email address for Community Program Director: \_\_\_\_\_

Check one:

- ☐ **Permanent Authorization**—All certification requirements are met (college/university degree, all specialized coursework, work experience, and current employment)
- ☐ **Temporary Authorization**—Some certification requirements are met (college/university degree, some specialized coursework and/or professional development, and current employment)
- ☐ **Renewal of the Temporary Authorization**—Initial Authorization awarded previously and a successful completion of two specialized trainings (after the effective date of the most recently awarded au-

### Verification of Required College/University Degree

Check one or more:

☐ **Bachelor's Degree:** Area of Specialization \_\_\_\_\_ ☐ **Master's Degree or Higher:** Area of Specialization \_\_\_\_\_

### (Renewal ONLY) Commitment for Completing Required College Coursework and/or Professional Development for Specialized Training

I understand that I am responsible for meeting any remaining requirements to renew the Temporary Authorization for Community Programs until **all** requirements listed below are met for the issuance of a Permanent Authorization for Community Programs.

Semester Coursework (Official Transcript Required)		Specialized Training
	Course name	Term Date
1. Preschool Special Education		<p>A valid West Virginia Professional Teaching Certificate endorsed for Pre-Kindergarten satisfies all coursework requirements.</p> <p>The ACDS certificate issued by the U.S. Department of Labor after Fall 2002, or the CDA certificate, satisfies the following: Special Needs, Child Development, Early Language and Literacy.</p>
2. Child Development		
3. Pre-School Curriculum		
4. Early Language and Literacy		
5. Assessment of Young Children		
6. Family & Community Involvement		

Signature of County Superintendent OR Director of Community Pre-School Program

Date

Signature of Applicant

Date