

Applicant Information Page

Date Received by County Board of Education: _____

Date Received by Institution of Higher Education: _____

Certification Services
Building 6, Suite 550
1900 Kanawha Boulevard, East
Charleston, WV 25305
304-558-7010
7.22.2021

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

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. Please pay online at <https://wweis.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 if employed in a WV School System)

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 65 — Initial Professional Certificate (Licensure Conversion)

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

The applicant is applying for conversion of a valid Non-United States Citizen Permit to the following Professional Certificate (select one):

- Initial Professional Teaching Certificate
 Initial Professional Student Support Certificate
 Initial Professional Administrative Certificate
 5 Year Professional Certificate (Teaching, Student Support or Administrative)
 Permanent Professional Certificate (Teaching, Student Support or Administrative)

Part 1: Conversion Information

- Y N Applicant currently holds a valid Non-United States Citizen Permit and is applying for conversion to the identified Initial Professional Certificate(s). The applicant meets all conversion requirements for the requested certificate.
- Y N Applicant has acquired US Citizenship. (appropriate official US government documentation required)
- Y N Applicant has passed all WVBE required exams necessary, as applicable, to hold the identified certificate. (ex. basic skills, content and professional education for teaching)

**Part 2—Renewal/Conversion Options
If Permit is Expiring** (all coursework for renewal requires 3.0 GPA)

Select one	Options
1*	Six (6) semester hours of coursework toward a master's degree in a program related to the public school (<i>college recommendation required</i>)
2	Six (6) semester hours of coursework related to the improvement of instruction and to my current endorsement area(s) (technology related course required)
3*	Six (6) semester hours of coursework needed for an additional endorsement (<i>college recommendation required</i>)
4	Six (6) semester hours of coursework prescribed by the county as a result of an evaluation
5	Master's plus 30 hours Salary Classification or greater (<i>six (6) semester hours not required</i>)
6	Age 60 or greater (<i>photocopy of birth certificate required, six (6) semester hours not required</i>)
For Permanent Certificates Only	
7	Master's, Beginning Educator Internship and five (5) years appropriate professional experience
8	National Board for Professional Teaching Standards Certification "reflected on WV Credential."

Part 3—College Recommendation
(Complete when choosing renewal options 1 or 3)
To be completed by representative from institution

I certify that the applicant has completed six (6) semester hours of credit with a GPA of 3.0 or greater and that the applicant is currently enrolled in a program leading to a Master's degree (Option 1) or an additional endorsement in a West Virginia Board of Education approved program (Option 3).

Signature of Designated Official _____

Date _____

Part 4—Beginning Educator Internship

**Completion Date
Of Beginning
Educator Internship**
(Required for Teaching Certificate)

Part 5—Superintendent's Verification of Applicant's Experience
(To be completed by county official, if applicable)

In the space below, please provide verification of experience needed to convert a certificate or apply for a permanent certificate:

School Year(s)	Employing County	Specific Assignment	Grade Level Assignment

**Valid Permanent Resident Card, Employment Authorization Document (EAD), or work permit issued by the United States citizenship and Immigration Services (USCIS) required.