

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			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 8F—COVID Conversion

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant's Request

When submitting this document to convert your Temporary Teaching, Student Support, or Administrative Certificate, please include a copy of the score report reflecting the required PRAXIS Exam.

If you are not currently employed, nor have been an employee at a West Virginia County School System, Diocese of Wheeling/Charleston, the WVSD, or ODTP office, please include a Form 4B Character Reference with your application. The Form 4B can be accessed at:

<https://wvde.us/wp-content/uploads/2021/02/Form-4B-1272020.pdf>

The processing fee will be paid at the following website:

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

Temporary Certificate Conversion

I wish to convert the following Temporary Certificate to an Initial Certificate:

_____ Temporary Teaching Certificate (Certificate 28)

_____ Temporary Student Support Certificate (Certificate 38)
(Counselor, Speech Language Pathologist, School Psychologist)

_____ Temporary Administrative Certificate (Certificate 64)
(Principal, Supervisor of Instruction, Principal)

Please submit the Applicant Information Page, this Form, and the PRAXIS Score Report to your county certification official for uploading.

If you are not employed by a county school system, the Diocese of Wheeling/Charleston, the WVSD, or ODTP office, please submit the Applicant Information Page, this Form, the PRAXIS Score Report, and the Character Reference Form 4B through the U.S. Mail to the address listed on the Applicant Information Page.