



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, Multi-County Center  
or WVSDT Superintendent \_\_\_\_\_

County/Multi-County Center/WVSDT Center \_\_\_\_\_

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.



West Virginia DEPARTMENT OF  
**EDUCATION**

REV 20210511

**Form V15—Adult License for Adult (Basic) Education**

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

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

**Employing County, Multi-County Center or ODTP**

**Option 1— Initial Adult License for Adult Basic Education**

☐ The applicant has been employed and is recommended for certification

Date of Employment : \_\_\_\_\_

☐ The applicant has included a copy of their official transcripts with a bachelor's degree and minimum 2.5 GPA.

**Option 2— Renewal Adult License for Adult (Basic) Education (select one option)**

☐ Option 1: The applicant has provided official transcripts reflecting six (6) semester hours of approved coursework with a minimum 3.0 GPA, related to the public school program or related to basic skills content **OR**

☐ Option 2: The applicant has reached age 60 and attached a copy of their birth certificate as proof to this application

**AND** The applicant has completed all required Adult Basic Education Professional Development Activities and documentation is on file with their employer (required for both options).

Date In-Service was completed (required) \_\_\_\_\_

NOTE: The Office of Adult Education must provide approval (via e-mail or authorized signature official signature) of professional development activities as part of the application review process at the WVDE before an application may be approved.

**Signature**

\_\_\_\_\_  
Signature of Superintendent, WVSDT Superintendent or Multi-County Center Director

\_\_\_\_\_  
Date

Note: For community-based organizations or non-educational agencies, the WVDE Adult Education Director may recommend for licensure.