

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
			If YES, please indicate the school system:		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. 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 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

Part 4 - 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

* 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 V8—Authorization for CTE Administrator

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Part 1: Applicant's Request

Please complete this form to request the Initial Temporary Authorization, renew the Temporary Authorization, or request the Permanent Authorization for the CTE Administrator to be added to a valid West Virginia Administrative Certificate.

If employed in a WV school system, the application should be submitted to the county certification officer prior to submitting it to the WVDE.

The county certification officer will then upload the document to Certification Services for further review and processing.

**Career Technical Education Administrator
PK-AD**

Please check the box that applies below:

<input type="checkbox"/>	Initial Temporary CTE Administrator Authorization
<input type="checkbox"/>	Renew Temporary CTE Administrator Authorization
<input type="checkbox"/>	Permanent CTE Administrator Authorization

Please submit the following with all requests made on the Form V8:

- 1) Official transcripts reflecting the two courses required (If applicable), AND
- 2) Signature of County Superintendent,
- AND
- 3) Applicant Information Page

Part 2: County Recommendation

Please provide the following information verifying the teaching and administrative experience for the applicant.

TEACHING AND/OR ADMINISTRATIVE EXPERIENCE	GRADE LEVEL	NAME OF PUBLIC SCHOOL OR CTE CENTER AND DATES
SPECIFIC CTE EXPERIENCE	GRADE LEVEL	LOCATION AND DATES

I certify that the applicant has successfully completed the above listed experience in order to receive the Initial Temporary, Renew the Initial Temporary, or Permanent CTE Administrator Authorization.

Signature of Superintendent or Multi-County Director _____ County/CTE Center _____ Date _____

Part 3: WVDE Recommendation

The applicant is eligible for the CTE Administrator Authorization as selected on the left column as per WVBE Policy 5202.

Designated WVDE Official _____ Date _____