

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

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:

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)

*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 ODTP Director      County/Multi-County Center/ODTP      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.



## Form V9—First-Class/Full-Time CTE or Substitute CTE Permit

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

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

### Applicant's Request for CTE Permit

### Employing Entity's Verification of Employment

### Marshall Univ. Official Recommendation

#### First-Class/Full-Time CTE Permit

##### I am applying for:

- ☐ Initial First-Class/Full-Time CTE Permit  
☐ Renewal of First-Class/Full-Time CTE Permit  
 Name of the institution where you expect to complete requirements for specializations: \_\_\_\_\_

##### By Signing this Agreement:

- A) I am making a formal commitment to complete the state-approved educational preparation program at the institution named above.  
 B) I agree to furnish this institution with official seal-bearing transcripts from all of the institutions I have attended.  
 C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA each year to renew my permit.  
 D) I understand that I must satisfy all course and testing requirements for the CTE license in this specialization(s) within five (5) years from the date of issuance of the original First-Class/Full-Time Permit.

##### Request for Licensure:

- ☐ Initial First-Class/Full-Time CTE Permit  
☐ Renewal of First-Class/Full-Time CTE Permit

##### Official Board Employment Date:

\_\_\_\_\_  
*(Employment Date)*

Endorsement(s) Requested (5-AD) or (AD-AD)

\_\_\_\_\_  
*(Code #)*

\_\_\_\_\_  
*(Endorsement)*

\_\_\_\_\_  
*(Code #)*

\_\_\_\_\_  
*(Endorsement)*

- ☐ Valid industry credential and wage-earning experience (V10), as required (see Career and Technical Education Endorsements and Testing Manual)  
☐ Required for initial only - Passing scores on basic skills test or exemption  
☐ Required for renewal only - Passing scores on NOCTI exam, if applicable

##### Initial First-Class/Full-Time Permit

- ☐ I certify the applicant has enrolled or submitted a professional commitment with the intent of enrolling in the approved career and technical education program for the endorsement(s) requested.

##### Renewal of the First-Class/Full-Time CTE Permit

- ☐ I certify that the applicant has completed six semester hours of renewal credit with at least a 3.0 GPA. The credits are within the approved program for the Professional Certificate and in accordance with the applicant's endorsement/assignment.

*Note: Marshall University Official Recommendation is not required for the Substitute CTE Permit.*

#### Substitute CTE Permit

##### I am applying for:

- ☐ Initial Career and Technical Education Substitute Permit  
☐ Renewal of the Career and Technical Education Substitute Permit

##### Request for CTE Substitute Permit:

##### Official Board Employment Date:

- ☐ Original Career/Technical Substitute Permit—18 clock hours of training completed on \_\_\_\_\_  
☐ Renewal of Career/Technical Substitute Permit—12 hours of training completed on \_\_\_\_\_  
☐ Valid industry credential and V10 experience, as required

\_\_\_\_\_  
*(Code #)*

\_\_\_\_\_  
*(Endorsement)*

\_\_\_\_\_  
*(Code #)*

\_\_\_\_\_  
*(Endorsement)*

Term	Course Number & Title	Grade	Hours

#### Signatures

##### I understand that it is my responsibility to meet all requirements for:

- ☐ First-Class/Full-Time Career and Technical Education Permit  
☐ Substitute Career and Technical Education Permit

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

I verify that the applicant is the most qualified candidate for the position. I have informed the applicant that (s)he must satisfy renewal requirements as specified in the WVDE Policy 5202 or (s)he will not be eligible for reassignment to this position.

\_\_\_\_\_  
 Signature of Superintendent or Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
*Signature of Marshall University, Career and Technical Education Chair*

\_\_\_\_\_  
 Date