

Date Received by County Board of Education: \_\_\_\_\_

Date Received by Institution/Program: \_\_\_\_\_

**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. 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      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.



West Virginia DEPARTMENT OF  
**EDUCATION**

REV 20210908

**Form 20B — WVBE Approved Program --Initial Teaching Certificate**

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

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

**PROGRAM INFORMATION**

**Name of the WVBE Approved Certification Program:**

**Requested Endorsement:**

1. Endorsement:

(As per Appendix A in WVBE Policy 5202)

**Requested Grade Level:**

1. Grade Levels:

(As per Appendix A in WVBE Policy 5202)

**ELIGIBILITY AND QUALIFICATIONS CRITERIA**

Y	N	Applicant meets general requirements identified in Policy 5202, Section 9.1.
Y	N	Applicant holds a bachelor's degree or higher from a regionally accredited institution of higher education with the required minimum cumulative GPA. (Official Transcripts Attached) (Refer to Policy 5202)
Y	N	Applicant holds documentation verifying passing scores on WVBE-required basic skills Praxis exams or qualifying exemption. (Scores submitted to WVDE)
Y	N	Applicant holds documentation verifying passing scores on all WVBE-required Praxis content exams. (Scores submitted to WVDE)
Y	N	Applicant has passing scores on the Principles of Learning and Teaching (PLT) or has successfully completed a nationally-normed Teacher Performance Assessment. (Scores submitted to WVDE)

**APPLICANT**

I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and physically, mentally, and emotionally qualified to perform the duties of teacher. To the best of my knowledge, the applicant has disclosed information regarding any criminal conviction or currently pending charged felony or misdemeanor. Documentation of successful program completion is provided. I recommend that s/he be granted certification based on meeting all WVBE policy requirements and completion of a WVBE approved program.

\_\_\_\_\_  
Signature of Program Official

\_\_\_\_\_  
Program

\_\_\_\_\_  
Date

I swear or affirm under the penalty of perjury 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.

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

\_\_\_\_\_  
Date