

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
			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 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.



West Virginia DEPARTMENT OF EDUCATION

20211115

Form 61 - Aide V and Aide VI Authorization

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Information listed on this application must be supported by official documentation such as official seal-bearing college transcripts, copies of certificates of completion, or any other source of verification. Failure to produce such documentation may result in the formal denial of this application

Verification of Employment

Applicant Information Page must be attached.

Applicant is currently employed as a special education Assistant Teacher or Behavioral Specialist (Signature Required):
County Authorized Official _____

YES

NO
Permanent Only

Applicant is employed by West Virginia Public School District.
(If yes, complete State Competency Exam section below)

YES

NO

State Competency Exam

The applicant has taken and passed the current state competency exam for aides developed pursuant to W.Va. Code §18A-4-8e and has satisfied this requirement

YES Date: _____

Verification attached

Verification of Education

The applicant holds the minimum of a high school diploma or GED.

YES

Documentation attached

Certification Request

Check one:

- Initial Temporary Authorization—Some certification requirements are met (current employment).
- Renewal of the Temporary Authorization—Initial Authorization awarded previously and successful completion of one specialized training (after the effective date of the most recently awarded). Authorization may be renewed twice (not valid for CTE route).
- Permanent Authorization—All certification requirements are met.

Coursework

Early Childhood WVDE Approved Course Work

Commitment for Completing Required Coursework and/or Professional Development for Specialized Training

I understand that I am responsible for meeting the requirements to renew the Temporary Authorization until all requirements are met for the issuance of the Permanent Authorization.

Signature (Not required when applying for permanent authorization)

Date