



West Virginia DEPARTMENT OF  
**EDUCATION**

REV 20220131

Certification Services  
Building 6, Suite 550  
1900 Kanawha Boulevard, East  
Charleston, WV 25305  
(304)558-7010

**Applicant Information Page**

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

Date Received by Institution of Higher Education: \_\_\_\_\_

**1. Applicant Information**

Social Security Number \_\_\_\_\_ Birth Date (MM-DD-YYYY) \_\_\_\_\_ Gender (M or F) \_\_\_\_\_ US Citizen (Y or N) \_\_\_\_\_ US Veteran or Spouse (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. copy of marriage certificate, etc.)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

List the institutions from which a degree has been earned.		
College/University	Degree	Date

Are you currently employed by a West Virginia school system? <b>YES NO</b>	Do you currently hold a license to work in the public schools of West Virginia? <b>YES NO</b>
If YES, please indicate the school system:	Do you currently hold a license to work in the public schools of another state? <b>YES NO</b>

**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 the application. You may pay online at <https://wveis.k12.wv.us/certpayment/>. Applications attached:

No fee is required for Form 24A and supporting documentation attached: (non-fee required Forms, e.g. Forms 24A, 4B, 7)

Form # \_\_\_\_\_ Form # \_\_\_\_\_ Form # \_\_\_\_\_

Form # \_\_\_\_\_ Form # \_\_\_\_\_ Form # \_\_\_\_\_

**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.

**5. Superintendent Recommendation (Required if employed by 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 \_\_\_\_\_

**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 any/all other information that explains the circumstance(s) in detail.	YES	NO	Document 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 and 6, the following must be included for all charges, including those that have been dismissed or expunged:

- 1) Judgement Order; **OR**
- 2) Final Order; **OR**
- 3) Magistrate Court Documentation; **AND**
- 4) all other relevant court documentation.



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## Form 1C — Restricted Content Endorsement for Autism

License Number or Social Security Number: \_\_\_\_\_  
To retrieve a License Number, visit [wweis.k12.wv.us/certcheck](http://wweis.k12.wv.us/certcheck)  
To obtain a License Number, register online at [wweis.k12.wv.us/certportal](http://wweis.k12.wv.us/certportal)

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

### 1. Institution of Higher Education Information

Please use this verification form in lieu of the Form 1 for Autism ONLY when an individual currently holds a Special Education endorsement and is taking the six hours of coursework from an accredited IHE that offers the six hours of coursework but does not have a full Autism endorsement program.

\*Please pay the application fee online at [wweis.k12.wv.us/certpayment](http://wweis.k12.wv.us/certpayment). Select paper application.

\_\_\_\_\_ School Year \_\_\_\_\_ Institution Name \_\_\_\_\_

Course Number	Course Title	Semester / Term	Credit Hours

### 2. WVBE Policy Information for Additional Endorsement / Content Endorsement in Autism

An individual who holds a Professional Teaching Certificate endorsed in Emotional/Behavior Disorders, Multi-Categorical Special Education, Mental Impairment (Mild/Moderate), Severe Disabilities or Pre- School Special Needs or the equivalent to these endorsements as previously defined in this policy may receive an additional endorsement in Autism provided they make application and successfully complete six semester hours of coursework in Autism from a regionally accredited IHE as defined in WVBE Policy 5202.

Effective July 1, 2012, a minimum of 50 percent of three of the six semester hours of coursework must be comprised of field-based experiences or applicant must provide written verification of a minimum of 30 hours of field-based experiences serving students with Autism.

Individuals applying for or holding a First-Class/Full-Time Permit or Out-of- Field Authorization endorsed in Emotional/Behavior Disorders, Multi-Categorical Special Education, Mental Impairment (Mild/Moderate), Severe Disabilities, or Pre-School Special Needs or the equivalent to these endorsements as previously defined in this policy may receive a restricted Content Endorsement in Autism if they are enrolled in or have completed the six semester hour coursework described in WVBE Policy and provide the required verification or individuals holding a professional teaching certificate endorsed for one of the areas identified above enrolled in the six semester hours of coursework for Autism as described in WVBE Policy.

*I understand that these hours must be successfully completed prior to the start of the next school year.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date