

## Applicant Information Page

Certification Services  
Building 6, Suite 550  
1900 Kanawha Boulevard, East  
Charleston, WV 25305  
304-558-7010  
Rev 7.22.2021

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

### 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.



**Form 1—First Class/Full-Time Permit or Out-of-Field Authorization**

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

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

Applicant	Employing County	Institution of Higher Education Recommendation																
<p>Name of Institution where you are enrolled/enrolling to complete requirements for certification:</p> <p>_____</p> <p><b>By Signing this Agreement:</b></p> <p>A) I am making a formal commitment to complete the state approved educational preparation program leading to licensure at the institution named above.</p> <p>B) I agree to furnish this institution with official transcripts from all of the institutions I have attended.</p> <p>C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA in each course each year to renew my permit or out-of-field authorization.</p> <p>D) I understand that I must satisfy all course and testing requirements for the professional license in this specialization (s) within five (5) years from the date of issuance of the original permit or three (3) years if permit is endorsed for superintendent.</p> <p>E) I understand that it is my responsibility to meet the renewal requirements for the First-Class/Full-Time Permit or Out-of-Field Authorization.</p> <p><i>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.</i></p> <p>Signature of Applicant _____</p> <p>Date _____</p>	<p>___ Original First-Class/Full-Time Permit</p> <p>___ Original Out-of-Field Authorization</p> <p>___ Renewal First-Class/Full-Time Permit</p> <p>___ Renewal Out-of-Field Authorization</p> <p>___ Check here if this is a New Assignment</p> <p>_____</p> <p>Employing County</p> <p>_____</p> <p>Employing School</p> <p>_____</p> <p>___ Endorsement Required For Position/Grade Range of Position</p> <p>_____</p> <p>Date Applicant Will Begin Position/Continue Position</p> <p>_____</p> <p><b>I verify that the applicant is the most qualified applicant for a position in which no certified applicant has applied and I have informed the applicant that they must satisfy renewal requirements as specified in WVBE Policy 5202 or they will not be eligible for reassignment to this position.</b></p> <p>Signature of Superintendent _____</p> <p>Date _____</p>	<p style="text-align: center;"><u>Original Permit</u></p> <p>___ Applicant has completed 25% of the IHE approved program leading to licensure or 70% of the approved program for School Counselor or School Psychologist leading to licensure.</p> <p>___ Applicant has NOT completed 25% of the program requirements or has not completed 70% of the program requirement for School Counselor or School Psychologist.</p> <p>___ Original Out-of-Field—The applicant holds a valid teaching certificate but has not completed the minimum 25% of the program requirements for the original permit .</p> <p style="text-align: center;"><u>Renewal Permit or Out-of-Field Authorization Renewal</u></p> <p>___ Applicant has completed 25% of the IHE approved program leading to licensure or 70% of the approved program for School Counselor or School Psychologist leading to licensure with 6 hours of coursework with a "B" or above in each course. List courses completed below at the bottom box.</p> <p>___ Applicant still has not completed 25% of the program and has taken the six hours of coursework with a grade of "B" or above in each course of the Out-of-Field Authorization renewal. List the courses completed below at the bottom box.</p> <p style="text-align: center;">_____ Endorsement _____ Grades _____</p> <p>I certify the applicant is enrolled in a program leading to licensure in accordance with the applicant's endorsement listed on the Employing County section on this form.</p> <p>Signature of Designated College Official _____</p> <p style="text-align: center;">_____ Title _____ Date _____</p> <p style="text-align: center;"><b>List Renewal Coursework Below</b></p> <table border="1" data-bbox="1388 1386 2034 1565"> <thead> <tr> <th>Term</th> <th>Course Number &amp; Title</th> <th>Grade</th> <th>Hours</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Term	Course Number & Title	Grade	Hours												
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