



West Virginia DEPARTMENT OF
EDUCATION

REV 20220622

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 or Program: _____

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? YES NO	Do you currently hold a license to work in the public schools of West Virginia? 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

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.*			

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:

Form # _____ Form # _____ Form # _____

Supporting documentation attached: (non-fee required Forms, e.g. Forms 4B, 7, V10)

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 in a WV School System)

To the best of my knowledge, the applicant is of good moral character and physically, mentally, and emotionally qualified to perform the duties of a teacher, administrator, or student support personnel.

Signature of Superintendent _____ Date _____

*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 20WV—Provisional Teaching (WVDE-Alternative Certification Program)

License Number or Social Security Number: _____

To retrieve a License Number, visit wveis.k12.wv.us/certcheck

To obtain a License Number, register online at wveis.k12.wv.us/certportal

Last Name: _____ First Name: _____ MI: _____

1. Applicant

I am applying for licensure based on completion of a WVDE Alternative Certification preparation program:

WVDE Alternative Certification Program

SREB Alternative Certification Program

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

*Applicant Information Page must be attached to this application.

*Please pay the application fee online at wveis.k12.wv.us/certpayment. Select paper application.

2. WVDE Verification

Applicants must submit passing scores for all WVBE-required licensure tests. Refer to WVBE Policy 5202 and the Licensure Testing Directory, at <https://wvde.state.wv.us/certification>

YES NO The applicant's GPA is 2.5 or higher.

YES NO The applicant has successfully completed all of the program's coursework requirements.

YES NO The applicant's coursework included successful completion of a teacher performance assessment.

YES NO The applicant has met all WVBE requirements for testing, as described in the WV Licensure Testing Directory.

Applicant should be granted a license in the following area:

Endorsement

Grade Level(s)

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. I recommend that s/he be granted certification based on completion of our state-approved program.

Signature of WVDE Official

Date