



REV 20220922

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

Applicant Information Page for Clinical Experience

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? 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.

A candidate who fails to apply for licensure within 12 months from the completion of an approved program for licensure is required to satisfy any current and additional test requirement(s) and program components in effect at the time of application and to comply with conditions outlined for the validity period.

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 # _____	No fee is required for Form 24A and supporting documentation attached: (non-fee required Forms, e.g. Forms 24A, 4B, 7) _____ 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. Signature of Higher Education Representative (Required)

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 College/University Official _____ 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.



West Virginia DEPARTMENT OF EDUCATION

REV 20220922

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

Form 24—Clinical Experience Permit

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. IHE Certification Officer Verification

Name of IHE _____

State _____

Applicant's Endorsement Area _____

Grade Level _____

Experience Placement Dates _____

WV County of Placement _____

Name of WV Public School Placement _____

Name of Accredited WV Non-Public School Placement _____

Student Teacher IHE Supervisor _____

IHE Supervisor's Telephone Number _____

IHE Supervisor's Email _____

Applicants from institutions located outside WV (including online institutions) must have submitted and been approved for a Non-WV Out-of-State Clinical Experience Request (Form 23). If one has not been submitted and approved, a Form 24 cannot be approved.

Out-of-State IHE candidates must completed all required testing in accordance with their approved program.

Out-of-State IHE candidates must obtain the county superintendent's signature before this application is submitted to the West Virginia Department of Education.

2. IHE Verification

The applicant has met the following requirements as per WVBE Policy to receive a Clinical Experience Permit:

YES NO Core Academic Skills for Educators Exam (CASE)

OR

The applicant is exempt from the Core Academic Skills for Educators (CASE) based on one or more of the following, per WV Licensure Testing Directory:

SAT Score ACT Score GRE Score Holds a Master's Degree or Higher

Currently seeking a Master's Degree in teaching, administration, or student support

Other Other Exemption: _____

AND

YES NO Praxis II Content Exam as per WVBE Policy

Anticipated Clinical Placement

Cooperating Teacher	Content Specializations	Grade Level(s)	Name of School
Check boxes to indicate requirements met. **For unmet requirements, a letter of recommendation from the host school principal must be provided.			
1st Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience			
2nd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience			
3rd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience			

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above-requested placement based on having met all necessary WVBE Policy and program requirements.

IHE Signature _____

Date _____

3. School District/School Verification

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above requested placement based on having met all necessary placement requirements.

Signature of Superintendent, Multi-County Center
or WVSOT Superintendent _____

Multi-County Center
or WVSOT _____

Date _____