



West Virginia DEPARTMENT OF
EDUCATION

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.



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Form 24B—WV IHE Requesting an Out-of-State 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 _____

State of Placement _____

Name of Public School Placement _____

Name of Accredited Non-Public School Placement _____

Student Teacher IHE Supervisor _____

IHE Supervisor's Telephone Number _____

IHE Supervisor's Email _____

Will the requested experience be supervised on-site by agreement and in accordance with WVBE Policy?

YES NO

There is no fee required for the processing of this application.

2. IHE Revision Request

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 | Student Teaching | 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. | Check box to indicate appropriate experience. | | | |
| 1st Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience | <input type="checkbox"/> Traditional <input type="checkbox"/> Residency 1 <input type="checkbox"/> Residency 2 | | | |
| 2nd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience | <input type="checkbox"/> Traditional <input type="checkbox"/> Residency 1 <input type="checkbox"/> Residency 2 | | | |
| 3rd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience | <input type="checkbox"/> Traditional <input type="checkbox"/> Residency 1 <input type="checkbox"/> Residency 2 | | | |

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 _____