



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? <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.*

*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:

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. 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 \_\_\_\_\_

**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
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 24R—Long-Term/Short-Term Residency Permit

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

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

1. IHE Certification Officer Verification	2. IHE Verification												
<p>Name of IHE _____</p> <p>State _____</p> <p>Applicant's Endorsement Area _____</p> <p>Grade Level _____</p> <p>Experience Placement Dates _____</p> <p>WV County of Placement _____</p> <p>Name of WV Public School Placement _____</p> <p>Name of Accredited WV Non-Public School Placement _____</p> <p>Student Teacher IHE Supervisor _____</p> <p>IHE Supervisor's Telephone Number _____</p> <p>IHE Supervisor's Email _____</p> <p><small>*If the applicant has not successfully completed the required content exam(s), they must submit a Form 24A with evidence of successful completion of the required content exams to convert to a Long-Term Permit.</small></p> <p><small>*A Short-Term Residency Permit cannot be used beyond the first semester of the Year-Long Residency, nor does it allow a candidate to be a Substitute Teacher.</small></p>	<p>The applicant has met the following requirements as per WVBE Policy to receive a Year-Long Residency Permit:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Core Academic Skills for Educators Exam (CASE)</p> <p style="text-align: center;"><b>OR</b></p> <p>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:</p> <p><input type="checkbox"/> SAT Score <input type="checkbox"/> ACT Score <input type="checkbox"/> GRE Score <input type="checkbox"/> Holds a Master's Degree or Higher</p> <p><input type="checkbox"/> Currently seeking a Master's Degree in teaching, administration, or student support</p> <p><input type="checkbox"/> Other Other Exemption: _____</p> <p style="text-align: center;"><b>AND</b></p> <p style="text-align: center;">Praxis II Content Exam as per WVBE Policy</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><small>A Long-Term Residency Permit will be issued. <span style="margin-left: 100px;">A Short-Term Residency Permit will be issued.</span></small> <small>Complete a Form 24A with successful Praxis II Content Exam scores prior to the Residency 2 placement.</small></p> <p style="text-align: center;"><b>Anticipated Clinical Placement</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Cooperating Teacher</th> <th style="width: 15%; padding: 5px;">Content Specializations</th> <th style="width: 15%; padding: 5px;">Grade Level(s)</th> <th style="width: 20%; padding: 5px;">Name of School</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><small>Check boxes to indicate requirements met. **For unmet requirements, a letter of recommendation from the host school principal must be provided.</small></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Additional Notes: _____</p> <p><i>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.</i></p> <p>_____ IHE Signature <span style="float: right;">_____</span> Date</p>	Cooperating Teacher	Content Specializations	Grade Level(s)	Name of School	<small>Check boxes to indicate requirements met. **For unmet requirements, a letter of recommendation from the host school principal must be provided.</small>				<input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience			
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<input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience													
3. School District/School Verification													
	<p><i>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.</i></p> <p>_____ Signature of Superintendent, Multi-County Center or WVSDT Superintendent <span style="float: right;">_____</span> Multi-County Center or WVSDT <span style="float: right;">_____</span> Date</p>												