Instructions for submitting tuition or fee reimbursement applications:
(Forms 33, 36, and 37)

All reimbursement application forms submitted to Certification Services MUST include all required documentation for approval. The required documentation is listed on the appropriate form.

<u>Any application received without all required documentation will be denied.</u> To re-apply, a newly signed application must be submitted to the employing county school system.

The approval/denial status for all reimbursement forms will be displayed <u>online only</u> for the employing county and for the applicant. The state-approved reimbursement amount will be issued to the applicant by the employing county.

Reimbursement applications are processed on the fiscal year system. All forms received during each fiscal year (July 1 through June 30) will be processed by the end of that same fiscal year.

Reimbursement application information is available through:
https://wveis.k12.wv.us/certcheck/
After clicking the link, scroll down to select "reimbursements" and then "view details."

Directions Page Only — Please do not submit this page to the WVDE.

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 Reimbursements that Require Employment

Date Received by County Board of Education: _____

Date Received by Institution of Higher Education or Program: _____

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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**

If YES, please indicate the school system:

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

Do you currently hold a license to work in the public schools of another state? **YES   NO**

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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.*			

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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

Please Identify Attached Application

☐ Form 33   ☐ Form 36   ☐ Form 37

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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.

*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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5. Superintendent Recommendation (Required)

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 physically, mentally, and emotionally qualified to perform the duties of a teacher. I recommend that he/she be granted certification.

_____   _____   _____
Signature of Superintendent   County   Date

West Virginia DEPARTMENT OF **EDUCATION**

REV 20220922

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

Form 36 — Tuition Reimbursement

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: _____

Applicant

List Courses Claimed for Reimbursement:

	Course Number	Name of College/University	# of Course Hours	Term
1				
2				
3				
4				
5				

Tuition	$	
Mandatory Fees	$	
Total Requested	$	

I certify that I have read the criteria for tuition reimbursement and I meet all eligibility criteria. I further certify that all information I have provided on the application is accurate and that I have completed the course(s) indicated on the attached grade report. 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 and grounds for denial of reimbursement. I agree to repay all monies gained through submission of erroneous information.

_____ _____
Signature of Applicant   Date

This application *cannot be approved* without the following required documentation:

1. All courses being claimed for reimbursement must be listed.
2. A receipt with the name of your college/university verifying payment made in your name in full for the appropriate term(s) for the coursework claimed for reimbursement must be included.
3. A college/university transcript or grade report with the name of your college/university, the term, your name, the course name and number, the URL if downloaded, and the final grade received for the course(s) must be included.
4. Your county must complete and sign the appropriate section below.
5. A completed applicant information page signed by both you and your county must accompany this application.
6. You must sign and date this application page.
7. Faxed/emailed applications are not accepted.

This section must be completed and signed by the county to verify eligibility for Option 1 or Option 2.

As superintendent, I certify that the applicant is an educator as defined by W. Va. Code §18-1-1 and meets the criteria for tuition reimbursement as defined in WVBE Policy 5202, §126-136-23.1. I further certify that the course(s) listed on this application have been completed as follows:

Option 1: RENEWAL

The applicant is on a continuing contract, holds a Professional Certificate which must be renewed, and holds a salary classification of MA +15 or less (15 semester hours renewal reimbursement lifetime maximum).

County: _____

Date: _____

_____
County Superintendent Signature

Option 2: SHORTAGE

The applicant has completed coursework in a shortage area and the shortage area is verified by the county on this application (15 semester hours shortage area reimbursement lifetime maximum).

County: _____

Date: _____

Shortage Area: _____

_____
County Superintendent Signature