

## **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.

Any application received without all required documentation will be denied. 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 online only 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: \_\_\_\_\_

**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.			Are you currently employed by a West Virginia school system?		Do you currently hold a license to work in the public schools of West Virginia?	
College/University	Degree	Date	YES	NO	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

**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

**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)**

*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 \_\_\_\_\_

**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 33 — Fee Reimbursement for ASHA, NBCC, WVBE, NASP, & NBCSN**

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. Fee Reimbursement Request**

- Enrollment** in the Board Certification Program \$ \_\_\_\_\_  
(up to 1/2 of the program fee)
  - Completion** of the Board Certification Program \$ \_\_\_\_\_  
(remaining 1/2 of the program fee)
  - Extra Expenses** \$ \_\_\_\_\_  
(up to a maximum of \$600 allowable.  
You must complete **Part 2** of this application.)
- Total Amount Requested:** \$ \_\_\_\_\_

**2. Reimbursement of Extra Expenses**

**Please read the following instructions carefully:**

Applicants who have completed the board certification program are eligible for reimbursement of actual expenses (**\$600 maximum**) incurred while completing the program.

**The expenses itemized below must be accompanied by receipts that are numbered and attached to an 8-1/2" x 11" sheet(s) of white paper.** These items may include purchases such as tuition for board certification preparation classes, educational supplies, postage, etc. Items **ineligible** for reimbursement include any durable goods, such as video recorders, projectors, or computer equipment.

Date	Receipt #	Item	Cost

**Total Amount Requested for Extra Expenses Only (Limited to \$600)**

**This completed application must include:**

**For Enrollment Fee Reimbursement**

- A copy of correspondence from ASHA, NBCC, WVBE, NASP, or NBCSN verifying enrollment in the board certification program; **AND**
- An official receipt verifying the payment made to ASHA, NBCC, WVBE, NASP, or NBCSN for the amount being claimed for enrollment fee reimbursement.

**For Completion Fee Reimbursement**

- A copy of an official certificate or official correspondence from ASHA, NBCC, WVBE, NASP, or NBCSN verifying that board certification has been granted; **AND**
- An official receipt verifying the payment made to ASHA, NBCC, WVBE, NASP, or NBCSN for the amount being claimed for completion fee reimbursement.

**For Extra Expenses Reimbursement**

- A numbered receipt for each item being claimed for extra expenses; **AND**
- A copy of an official certificate or correspondence from ASHA, NBCC, WVBE, NASP, or NBCSN verifying that board certification has been granted; **AND**
- A completed Part 2 Section of this application page.

**Submit both pages of the Form 33 application, a completed and signed applicant information page, and all other documentation required above to the WVDE by September 15.**

**Guidelines for Fee Reimbursement**

In accordance with W. Va. Code §18A-4-2b regarding the board certification fee reimbursement program, the applicant for reimbursement must meet all board certification eligibility criteria; be enrolled in or have completed the board certification program; and be employed by the WV public school system. An applicant may be reimbursed only once for enrollment in and once for completion of the board certification program. Additionally, applicants may be reimbursed a maximum of \$600.00 for actual extra expenses incurred while completing the board certification process. Renewal fees may be reimbursed only in lieu of fees for the initial board certification program. Reimbursement may be given only once per individual per national certification program.

*I certify that I have read the criteria for fee 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 program requirements as indicated. 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 that I currently hold and grounds for denial of reimbursement or for repayment of such reimbursement to the State. I further certify that I am not requesting reimbursement for federal subsidy or other monies provided by a third-party payer and that all of the information I have provided on the application is accurate and truthful. I agree to repay all monies gained through submission of erroneous information.*



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:

3. Board Certification Verification

Please indicate the type of board certification held (check one only):

- American Speech-Language Hearing Association (ASHA)
National Board of Certified Counselors (NBCC)
West Virginia Board of Examiners in Counseling (WVBEC)
National Association of School Psychologists (NASP)
National Board for Certification of School Nurses (NBCSN)

Initial Board Certification Effective Date:

Current Board Certification Expiration Date:

A copy of the board certificate, board certification card, and/or documentation from the board certification agency verifying both the initial effective board certification date and the current expiration date MUST be included with this application.

4. Employment Verification — to be completed by the Employing County

Please indicate the position below in which the applicant is employed within the WV public school system:

- Speech-Language Pathologist
School Psychologist
School Counselor
School Nurse

Original School Employment Hire Date as a Speech-Language Pathologist, Counselor, Psychologist, or Nurse:

If there is a time lapse during total employment, such as for non-employed years, please indicate appropriate employment starting and ending dates:

- From to
From to
From to
From to
From to

Signature of County Superintendent

Date