

## **Applicant Information Page**

Date Received by County Board of Education:

Date Received by Institution of Higher Education:

Certification Services Building 6, Suite 550 1900 Kanawha Boulevard, East Charleston, WV 25305 304-558-7010 Rev 7.22.2021

	Part	1 -Applicant I	nformation				Part 2-Disclosure of Backgroun	nd Info	ormati	on
Social Security Number  Last Name (If your name has changed si	Birth Date (MM-DD-YYYY)  First Name ince your last application, <b>proof</b> of	US Citizen ( Y or N)  US Veteran or Spouse of Veteran (Y or N)  MI Previous Last Name (Maiden)  ust be attached e.g. photocopy of marriage certificate, etc.)			(Y or N)	If you answer yes to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, and all/any other information that explains the circumstance(s) in detail.		NO	Documentation Attached	
Street Address  Primary Phone  List the institutions	City  State Zip Code  Secondary Phone  E-Mail  Are you currently employed by a West Virginia School System?  Do you currently hold a License work in the public schools of West Virginia School System?				ense to	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.				
College/University	Degree	Date	<b>Yes</b> If YES, please school s	No e indicate the ystem:	Virginia? Yes No  Do you currently hold a Lice work in the public schools other state?  Yes No	ense to of an-	Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?			
Part 3—Applicant Signature							3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?			
understand that any false staten that I am seeking or currently ho	alty of false swearing that all informanents, misrepresentations, or omission ald.		is application are grou			cense(s)	4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
Signature of Applicant  A non-refundable fee is required for each application. Please pay online at https://wveis.k12.wv.us/certpayment/. Applications attached:			Date Supporting documentation attached: (non-fee required Forms, e.g. Forms 4B, 7, V10, V16)				5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony? *			
Form #	Form # Form #		Form #	Form	# Form #	_	6) Have you ever been arrested, charged with or convicted of a mis-			
Fingerprinting instruction  I have previon  I have never held WV Coprocessed by IdentoGo (L	ts	demeanor? (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. *								
Part 5 - Superintendent Recommendation (Required if employed in a WV School System)  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 is physically, mentally, and emotionally qualified to perform the duties of a teacher. I recommend that s/he be granted certification.  Signature of Superintendent  County  Date							those that have been dismissed or expunge			
1										



EDUCATION	Social Security Number:						
REV 20230717	Last Name:	First	Name:	MI:			
Applicant	Institutional Recommendation						
I am applying for licensure based on:  (1) Completion of an approved educational personnel preparation program through a regionally accredited institution and have completed all preparation and policy requirements except the content Praxis (with two	To be eligible for the Temporary Teaching Certificate for program completers applicants must meet all WVBE policy requirements except passing scores on the content Praxis for the endorsement sought (Refer to WVBE Policy 5202) and be employed or receive an offer of employment in a WV public school.  Applicant GPA						
I understand this is a one-year certificate and may be renewed twice if all requirements as per WVBE Policy 5202 are met.	Y N I hold a cumulative GPA of 2.5 or higher						
Higher education—**Official transcripts required.	Program completion verification						
Option 1—Institutional official must complete the remainder of the application verifying completion of approved program.	ing to ce	licant successfully completed** an approved program *** leac ertification in the public schools of the state and has met a nents except the content Praxis for the endorsement are					
Please provide the following information:	Endorsement***	Grade Levels	Endorsement***	Grade Levels			
Name of College/University							
City State	**Candidates who completed the program prior to January 1, 2020, must complete the WVDE module on school safety and social/emotional wellbeing.						
	***This includes completion of the program as approved by the approving state which may include but not limited to residency, clinical experiences, student teaching, and any other required components such as an approved teacher performance assessment.						
Name/Title of Certification Official from University			•				
I swear or affirm under the penalty of perjury 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.	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 teacher. To the best of my knowledge, the applicant has disclosed information regarding any criminal conviction or currently pending charged felony or misdemeanor. I recommend that s/he be granted certification based on completion of the institution state approved program.						
Signature of Applicant Date	Signature of Institution Of	ncial Institu	tion	Date			