



West Virginia DEPARTMENT OF
EDUCATION

REV 20230718

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

Applicant Information Page

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.		
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.

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 # _____

Supporting documentation attached: (non-fee required Forms, e.g. Forms 4B, 7, V10)

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. Superintendent Recommendation (Required if employed in a WV School System)

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 Superintendent _____ 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 1N—First Class/Full-Time Permit for Non-IHE Programs (Non-Renewable)

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. Applicant	2. Approved Coursework or Program Officials	3. Employing County
<p>Name of institution or program where you are enrolled:</p> <p>_____</p> <p>Institution or Program Name</p> <p>By Signing this Agreement:</p> <p>A) I am making a formal commitment to complete the approved educational preparation program stated above.</p> <p>B) I agree to provide program officials with official seal-bearing transcripts.</p> <p>C) I understand that I must have passing scores or meet exemption criteria for the required basic skills and content Praxis exam(s).</p> <p>D) I understand that I must complete the entire program and satisfy all testing requirements for the professional license in the specialization(s) within the policy-allowed timeframe from the date of issuance of the original permit.</p> <p>E) I understand that this permit is non-renewable.</p> <p><i>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.</i></p>	<p>Verification of Program Enrollment:</p> <p>I verify that the individual on this application form is actively enrolled in an approved coursework option and has started or will begin the required program coursework on the date provided below.</p> <p>_____</p> <p>Institution or Program Name</p> <p>_____</p> <p>Endorsement _____ Grade Level _____</p> <p>_____</p> <p>Enrollment Date MM/DD/YYYY</p> <p>_____</p> <p>Signature of Designated Official</p> <p>_____</p> <p>Date</p>	<p>Verification of Employment:</p> <p>_____</p> <p>Name of School</p> <p>_____</p> <p>Assignment/Endorsement Area</p> <p>Date applicant will begin assignment: _____</p> <p>Request for Licensure</p> <p><input type="checkbox"/> Original Permit</p> <p>Endorsement(s) requested:</p> <p>_____</p> <p>Endorsement _____ Grade Level _____</p> <p>_____</p> <p>Endorsement _____ Grade Level _____</p>
<p>Signature of Applicant</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>*Applicant Information Page must be attached to this application.</p> <p>*Please pay the application fee online at wveis.k12.wv.us/certpayment. Select paper application.</p>	<p>4. WVDE Alternative Certification Programs</p> <p>I verify that the applicant is enrolled and in good standing in the WVDE Alternative Certification Program and is either enrolled in an approved coursework option or has completed required coursework of an approved coursework option (substantially aligned to the West Virginia Professional Teaching Standards).</p> <p>_____</p> <p>Signature of WVDE Official</p> <p>_____</p> <p>Date</p>	<p><i>I verify that the applicant is the most qualified candidate for the posted full-time position. The applicant has provided passing scores or met exemption criteria for the required basic skills and content Praxis exam(s). I have informed the applicant that this permit is non-renewable, as specified in WVBE Policy 5202, and s/he must meet certification requirements to be eligible for reassignment to this position. 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 his/her duties as an educator. I recommend that the permit be granted.</i></p> <p>_____</p> <p>Signature of Superintendent _____ County</p> <p>_____</p> <p>Date</p>