

Applicant Information Page for Credentials that Require Employment									
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 7.22.2021

	Part :	L -Applicant I	nformation				Part 2-Disclosure of Backgroun	nd Inf	ormat	ion
Social Security Number  Last Name (If your name has changed sin	ity Number Birth Date (MM-DD-YYYY) Gender (M o		MI Previous Last Name (Maiden)				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.		ON	
Street Address  Primary Phone  List the institutions	Secondary Phor		State Zip Code  E-Mail  Are you currently employed by a West Virginia School System?  Do you currently hold a License work in the public schools of V				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	Yes  If YES, please school s	No e indicate the system:	Do you currently hold a Lic work in the public schools other state?	cense to	2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?  3) Have you ever resigned, entered			
	lty of false swearing that all informa ents, misrepresentations, or omission		ith this application is t			wledge. I license(s)	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?			
	ed for each application. You ma us/certpayment/. Applications		Date Supp (non-fee requ	porting document uired Forms, e.g.	ration attached: Forms 4B, 7, V10, V16)		5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony? *			
☐ I have previou	Form # Form #  Part 4—  Ictions at https://wvde.us/c  Isly received Certification in ertification and will submit r  (L1enrollment.com). A finge	ertification/certi WV and understa ny fingerprints to	and that I do not IdentoGo. All fir	Dication-forms need to re-sub st-time applica	/first-time-application/ mit my fingerprints. ants must have fingerprir		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. *			
I certify that I have reviewed included documentation verify	Part 5 - Superior and can attest to the accuracy sying this information. I have rearacter and is physically, mental.	, I have dge, the	e those that have been dismissed or expunged:							

REV 202	30717				Form	1 40—I	Paraprofessio	onal Certificate	(County em	ployme	nt required)				
Social Sec	curity No	umber: _													
Last Name:								First Name:	First Name:				MI:		
Verification of Education						State Competency Exam									
The applicant holds the minimum of a high school diploma or GED.						□ <b>YES</b> Verification atta		aken and passed the co t to W. Va Code §18A-4		Verification atta	ched DATE:				
Basic Skills (3 Semester Hours in Each or Equivalent Training)						t Training)	Ge	General Studies (6 Semester Hours Required in Any Combination)							
		Cou	ırses Cla	imed		Pra	axis I—CORE			Courses Claimed					
	Dept.	Cou	ırse Nan	ne	Date	Score	Date Completed			Dept.	Cours	se Name		Date	
Reading								Humaniti	Humanities OR						
Writing								Fine Arts	Fine Arts OR						
								Science OR							
Math								Social St	Social Studies						
						Re	quired Courses	(3 Semester Hours in	n Each or Classroo	om Experie	ence)				
					Courses	Claimed								s of classroom experience	
Dept. Course Name Date				Date	Classroom Experience					is being used in lieu of coursework for the Special Education requirement, it is also required to document ten (10)					
Classroom Management								Year	Year Specific Assignment				clock hours of in-service training directly related to special education.		
Special Education*													rectly related	i to special education.	
Computer Literacy															
Human Growth & Dev. or Psychology															
Elective															
Elective															
	Elective														
PK-3 Science of Reading							ļ								
PK-3 Numeracy															
Employing Superintendent Signature															
							documentation such	n as official seal-bearing on.	g transcripts, score ı	reports, cer	tificates of completior	, or any oth	er sources o	f verification.	
Applicant Information Page must be attached.															