

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 Rev. 7.22.2021

Part 1 -Applicant Information				Part 2-Disclosure of Background Information					
Social Security Number Last Name (If your name has changed since	Birth Date (MM-DD-YYYY) First Name of your last application, proof of				US Veteran or Spouse of Veteran (Y or N) Name (Maiden) of marriage certificate, etc.)	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.	/ES	ON	Documentation Attached
Street Address Primary Phone List the institutions for	Secondary Phon		E-Mail Are you current a West Virginia s	ly employed by School System?	State Zip Code Do you currently hold a License to work in the public schools of West	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:	Virginia? Yes No Do you currently hold a License t work in the public schools of ar other state? Yes No	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 oth-			
	of false swearing that all informate		th this application is t		complete to the best of my knowledge. Ispension, or revocation of the license(s	erwise left employment as a result of alleged misconduct?			
Signature of Applicant A non-refundable fee is required online at https://wveis.k12.wv.u	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 # Part 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.					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. *				
Part 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 is physically, mentally, and emotionally qualified to perform the duties of a teacher. I recommend that s/he be					e those that have been dismissed	harges or exprder; C	inclupunge ()R 3)	uding d: 1) Mag-	



Form 41 - Early Childhood Classroom Assistant Teacher Authorization	
Social Security Number:	

Social Security Number: _		
Last Name:	First Name:	MI:

20230717	Last Name:		First Name:	MI:
Information listed on this application must be supported any other source of verification. Failure to produce such	by official documentation su documentation may result in	uch as official seal-bear In the formal denial of th	ring college transcripts, copies of	f certificates of completion, or
Verification of Employment				
Applicant Information Page must be attached. Applicant is currently employed as an Early Childho Required): Community Program Director Community Program Director Email	County Director	, ,	YES ECCAT Date	NO □ Permanent Only
Applicant is employed by West Virginia Public School Dis (If yes, complete State Compentency Exam section below)			YES 🗆	NO □
State Competency Exam				
The applicant has taken and passed the current state cor W.Va. Code §18A-4-8e and has satisfied this requiremen		veloped pursuant to	YES Date:	Verification attached □
Verification of Education				
The applicant holds the minimum of a high school diplo	ma or GED.	YES 🗆	Documentation attached $\ \Box$	
Certification Request				
 Check one: □ Initial Temporary Authorization—Some certificat □ Renewal of the Temporary Authorization—Initia effective date of the most recently awarded). Au □ Permanent Authorization—All certification requi 	Authorization awarded pathorization may be renew	previously and a succ	essful completion of one spec	cialized training (after the
Authorization Pathway				
□ Early Childhood WVDE Approved Course Work□ Child Development Associate (CDA) Credential		□ West Virginia Ap	oprenticeship for Child Develo	opment Specialists (ACDS)
Commitment for Completing Required College Co	ursework and/or Profes	sional Development	for Specialized Training	
I understand that I am responsible for meeting the Authorization until all requirements are met for the				
Signature (Not required when applying for permanent authoriz	ation)	Date		

		Copies of Certificates of Comple	Date	
1 DK 2 Science of Boading	Course Name		Date	
1. PK-3 Science of Reading				
2. PK-3 Numeracy				
3. Child Development 4. Early Childhood Special Needs Instruction				
4. Early Childhood Special Needs Instruction				
West Virginia Apprenticeship for Child Development	Specialists (ACDS) (Cop	ies of Official Certificates of Com	pletion Required)	
	Instructor Name		Date Comp	lete
1. First Semester				
2. Second Semester				
3. Third Semester				
4. Fourth Semester				
***PK-3 Science of Reading				
***PK-3 Numeracy				
Conv of semester certificate of completed coursework required	for renewal			
Copy of semester certificate of completed coursework required **Copy of Official Certificate issued by United States Departmen Child Development Associate (CDA) Credential™		plying for permanent endorsement.		
**Copy of Official Certificate issued by United States Departmen			ID#	Date
**Copy of Official Certificate issued by United States Departmen	t of Labor required when ap		ID#	Date
**Copy of Official Certificate issued by United States Department Child Development Associate (CDA) Credential 1. 160 professional experience hours & appropriate required	t of Labor required when ap		ID#	Date
**Copy of Official Certificate issued by United States Department Child Development Associate (CDA) Credential™ 1. 160 professional experience hours & appropriate required assignment(s) 2. 320 professional experience hours & appropriate required	t of Labor required when ap		ID#	Date
**Copy of Official Certificate issued by United States Department Child Development Associate (CDA) Credential 1. 160 professional experience hours & appropriate required assignment(s) 2. 320 professional experience hours & appropriate required assignment(s) 3. 480 professional experience hours & appropriate required	t of Labor required when ap		ID#	Date
**Copy of Official Certificate issued by United States Department Child Development Associate (CDA) Credential™ 1. 160 professional experience hours & appropriate required assignment(s) 2. 320 professional experience hours & appropriate required assignment(s) 3. 480 professional experience hours & appropriate required assignment(s)	t of Labor required when ap		ID#	Date
Copy of Official Certificate issued by United States Department Child Development Associate (CDA) Credential 1. 160 professional experience hours & appropriate required assignment(s) 2. 320 professional experience hours & appropriate required assignment(s) 3. 480 professional experience hours & appropriate required assignment(s) **PK-3 Science of Reading	t of Labor required when ap CDA Advisor (Signature R	equired)	ID#	Date
Copy of Official Certificate issued by United States Department Child Development Associate (CDA) Credential 1. 160 professional experience hours & appropriate required assignment(s) 2. 320 professional experience hours & appropriate required assignment(s) 3. 480 professional experience hours & appropriate required assignment(s) **PK-3 Science of Reading ****PK-3 Numeracy	t of Labor required when ap CDA Advisor (Signature R	equired) endorsement (must be current)	ID#	Date