

## 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 Information

Social Security Number \_\_\_\_\_ Birth Date (MM-DD-YYYY) \_\_\_\_\_ Gender (M or F) \_\_\_\_\_ US Citizen ( Y or N) \_\_\_\_\_ US Veteran or Spouse of Veteran (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. photocopy of marriage certificate, etc.)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

If YES, please indicate the school system:

Do you currently hold a License to work in the public schools of West Virginia?

Yes No

Do you currently hold a License to work in the public schools of another state?

Yes No

### Part 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 each application. Please pay online at <https://wveis.k12.wv.us/certpayment/>. Applications attached:

Supporting documentation attached:  
(non-fee required Forms, e.g. Forms 4B, 7, V10, V16)

Form # \_\_\_\_\_

Form # \_\_\_\_\_

Form # \_\_\_\_\_

Form # \_\_\_\_\_

Form # \_\_\_\_\_

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.

### 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 \_\_\_\_\_

### Part 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 all/any other information that explains the circumstance(s) in detail.

YES

NO

Documentation 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. \*

\* For a YES response to items 5 & 6, the following must be included for all charges, including those that have been dismissed or expunged: 1) Judgment Order; **OR** 2) Final Order; **OR** 3) Magistrate Court Documentation; **AND** 4) all other relevant court documentation.



# West Virginia DEPARTMENT OF EDUCATION

Revised 7.17..2023

## Form 1A—Teaching First Class/Full-Time Permit or Out-of-Field Authorization

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

### Applicant

Name of Institution where you are enrolled/enrolling to complete requirements for certification:

#### By Signing this Agreement:

- A) I am making a formal commitment to complete the state approved educational preparation program leading to licensure at the institution named above.
- B) I agree to furnish this institution with official transcripts from all of the institutions I have attended.
- C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA in each course each year to renew my permit or out-of-field authorization.
- D) I understand that I must satisfy all course and testing requirements for the professional license in this specialization (s) within five (5) years from the date of issuance of the original permit or three (3) years if permit is endorsed for superintendent.
- E) I understand that it is my responsibility to meet the renewal requirements for the First-Class/Full-Time Permit or Out-of-Field Authorization.

*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 Candidate

Date

### Employing County

- \_\_\_ Original First-Class/Full-Time Permit (Certificate 81)
- \_\_\_ Original Out-of-Field Authorization (Certificate 52)
- \_\_\_ Renewal First-Class/Full-Time Permit (Certificate 81-2)
- \_\_\_ Renewal Out-of-Field Authorization (Certificate 52-2)
- \_\_\_ Check here if this is a New Assignment

Employing County

Location of Position

Endorsement Required For Position/Grade Range of Position

Date Candidate Will Begin Position/Continue Position

**I verify that this candidate is the most qualified individual for a position in which no certified candidate has applied and I have informed the candidate that they must satisfy renewal requirements as specified in WVBE Policy 5202 or they will not be eligible for reassignment to this position.**

Signature of Superintendent

Date

### Institution of Higher Education Recommendation

#### Original Permit (Certificate 81)

\_\_\_ Candidate has completed 25% of the IHE approved program leading to licensure

\_\_\_ Candidate has NOT completed 25% of the program requirements

#### Original Out-of-Field Authorization (Certificate 52)

\_\_\_ Candidate holds a valid professional teaching certificate, but has not completed 25% of the approved program for the requested permit.

#### Renewal Permit (Certificate 81-2)

\_\_\_ Candidate has completed 25% of the IHE approved program leading to licensure with 6 hours of coursework with a "B" or above in each course. List courses completed below at the bottom box.

\_\_\_ Candidate has not completed 25% of the program and not eligible to renew the permit.

#### Renewal Out-of-Field Authorization (Certificate 52-2)

\_\_\_ Candidate has a valid teaching certificate, but has not completed 25% of the program to receive the First-Class/Full-Time Permit, but has completed the 6.0 hours of coursework with a "B" or above in each course. List courses for renewal below.

#### Endorsement of Program

Endorsement	Grades
I certify the applicant is enrolled in a program leading to licensure in accordance with the applicant's endorsement listed on the Employing County section on this form.	

Signature of Designated College Official

Title \_\_\_\_\_ Date \_\_\_\_\_

#### List Renewal Coursework Below

Term	Course Number & Title	Grade	Hours