

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	Information			
Social Security Number Last Name (If your name has changed si	Birth Date (MM-DD-YYYY) Gender (M or F) US Citizen (Y or N) Us Veteran or Spouse of Veteran (Y or N) First Name MI Previous Last Name (Maiden) nce your last application, proof of name change must be attached e.g. photocopy 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.	YES	NO	Documentation Attached		
Street Address City State Zip Code Frimary Phone Secondary Phone E-Mail Are you currently employed by a West Virginia School System? Do you currently hold a License to work in the public schools of West						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	Yes 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-	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?										
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 require at https://wveis.k12.wv.us/ce	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 expunged:					
1												



Form 41 B —Early Childhood Classroom Assistant Teacher Grade Modification

EDUCATION	Social Security Number:		
Effective 20230717 ~ NO FEE	Last Name:	First Name:	_MI:
	Verification of Employment		
Applicant Information Page must be attached.			
Applicant is currently employed as an Early Childhoo	d Classroom Assistant Teacher in Grade	es 1-3 (Signature required):	
ECCAT 1-3 Placement Date:	_		
County Director:			
	Authorization Pathway		
Applicant Information Page must be attached.			
■ Early Childhood WVDE Approved Course Work			
Child Development Associate (CDA) Credential			
■ West Virginia Apprenticeship for Child Developm	ent Specialists (ACDS)		
Commitment for Completing Required	Coursework and/or Professional De	velopment for Specialized Training	
I understand that I am responsible for meeting the rec rary Authorization until all requirements are met for t Authorization.			
Signature		Date	