



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:

Form # _____

Form # _____

Form # _____

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

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.

Revised 1.10.2024

Form 1S—Student Support First Class/Full-Time Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant	Employing County	Institution of Higher Education Recommendation																				
<p>Name of Institution where you are enrolled/enrolling to complete requirements for certification:</p> <hr/> <p>By Signing this Agreement:</p> <p>A) I am making a formal commitment to complete the IHE approved educational preparation program leading to licensure at the institution named above.</p> <p>B) I agree to furnish this institution with official transcripts from all of the institutions I have attended.</p> <p>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.</p> <p>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.</p> <p>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.</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> <hr/> <p>Signature of Candidate</p> <hr/> <p>Date</p>	<p>____ Original First-Class/Full-Time Permit (Certificate 81)</p> <p>____ Renewal First-Class/Full-Time Permit (Certificate 81-2)</p> <p>___ Check here if this is a New Assignment</p> <hr/> <p>Employing County</p> <hr/> <p>Location of Position</p> <hr/> <p>Endorsement Required For Position and Grade Range of Position</p> <hr/> <p>Date Candidate Will Begin Position/Continue Position</p> <p>___ A copy of the job posting for all initial permits is included.</p> <p>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.</p> <hr/> <p>Signature of Superintendent</p> <hr/> <p>Date</p>	<p style="text-align: center;"><u>Original Permit (Certificate 81)</u></p> <p>____Candidate has completed 30 percent or 21 graduate semester hours, whichever is greater, of the IHE-approved program in school counseling where the candidate has commenced pre-clinical/field experience coursework.</p> <p>____Candidate has completed 70% of the IHE-approved program for School Psychologist.</p> <p>____Candidate has NOT met the minimum requirements in School Counseling or School Psychologist to receive a permit.</p> <p>____Candidate has completed 25% of the state-approved program for Speech-Language Pathologist, School Nurse, or Social Services and Attendance.</p> <p>____Candidate has NOT completed 25% of the state-approved program for Speech-Language Pathologist, School Nurse, or Social Services and Attendance.</p> <p style="text-align: center;"><u>Renewal Permit (81-2)</u></p> <p>____Candidate has completed six semester hours of coursework in a state-approved program for School Counseling or School Psychologist.</p> <p>____Candidate has NOT completed six semester hours of courses in the IHE-approved program for School Counseling or School Psychologist.</p> <p>____Candidate has completed 25% of the IHE approved program leading to licensure including 6 hours of coursework with a "B" or above in each course for Speech-Language Pathologist, School Nurse, or Social Services and Attendance.. List courses completed for renewal below at the bottom box.</p> <p>____Candidate has not completed 25% of the program and not eligible to renew the permit for Speech-Language Pathologist, School Nurse, or Social Services and Attendance. XXX ENDORSEMENT</p> <hr/> <p>Endorsement as per WVBE Appendix A _____ Grade Levels) _____</p> <p>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.</p> <hr/> <p>Signature of Designated IHE Official _____ Date _____</p> <h3 style="text-align: center;">List Renewal Coursework Below</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Term</th> <th style="width: 50%;">Course Number & Title</th> <th style="width: 10%;">Grade</th> <th style="width: 10%;">Hours</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Term	Course Number & Title	Grade	Hours																
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