



1. Applicant Information				2. Disclosure of Background Information		
<div>Social Security Number _____</div> <div>Gender: Check One <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer</div> <div>US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Military Service: <input type="checkbox"/> US Veteran or <input type="checkbox"/> Spouse of US Veteran</div> <div>Birth Date (MM-DD-YYYY) _____</div> <div>Last Name _____ First Name _____ MI _____ Previous Last Name (or Maiden) _____ (If your name has changed since your last application, proof of name change must be attached, e.g. copy of marriage certificate, etc.)</div> <div>Street Address _____ City _____ State _____ Zip Code _____</div> <div>Primary Phone _____ Secondary Phone _____</div> <div>Email (Required) _____</div> <div>Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____</div>				<div>If you answer yes to any question below, submit a narrative with your application. The narrative should include dates, locations, school systems, and any/all other information that explains the circumstance(s) in detail.</div> <div>YESNOPreviously Submitted</div>		
<div>Indicate Race and Ethnicity (Check all that apply)</div> <div><input type="checkbox"/> Hispanic<input type="checkbox"/> White<input type="checkbox"/> Asian<input type="checkbox"/> Black/African American</div> <div><input type="checkbox"/> Middle Eastern/North African (MENA)<input type="checkbox"/> American Indian/Alaskan Native<input type="checkbox"/> Native Hawaiian/Other Pacific Islander</div>				<div>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.</div> <div>2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?</div> <div>3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?</div> <div>4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?</div> <div>5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*</div> <div>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.*</div>		
<div>3. Applicant Signature</div> <div><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. The WVDE collects personal and non-personal information. Any information submitted or on record may be open to public inspection and/or publication as per our privacy policy located on our website.</i></div> <div>Signature of Applicant _____ Date _____</div>						
<div>4. Fingerprinting Information</div> <div>Fingerprinting instructions at https://wvde.us/certification/certification-info/application-forms/first-time-application/ <input type="checkbox"/> I have previously received Certification in WV. <input type="checkbox"/> I have never held WV Certification and will complete at background through IdentoGo. All first-time applicants must have fingerprints processed by IdentoGo (https://www.identogo.com). A fingerprint service code will be sent to your e-mail once the application is received by the WVDE.</div> <div>5. Superintendent Recommendation (Required if employed by a WV School System)</div> <div><i>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 assigned duties. I recommend that s/he be granted certification.</i></div> <div>Signature of Superintendent/Multi-County CTE Administrator, or WVSDT Superintendent/designee _____ County _____ Date _____</div>				<div>*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dismissed: 1) Charging Document; and 2) Judgement Order; or 3) Final Disposition; and 4) All other relevant court documentation.</div>		



West Virginia DEPARTMENT OF EDUCATION

REV 20240208

Certification Services
Building 6, Suite 550
1900 Kanawha Boulevard, East
Charleston, WV 25305
(304)558-7010

Form 24C—Restricted Clinical Experience Permit

License Number or Social Security Number: _____

To retrieve a License Number, visit wveis.k12.wv.us/certcheck

To obtain a License Number, register online at wveis.k12.wv.us/certportal

Last Name: _____ First Name: _____ MI: _____

1. IHE Certification Officer Verification

Name of IHE _____ State _____

Applicant's Endorsement Area _____ Grade Level _____

Experience Placement Dates _____

WV County of Placement (1) _____

WV County of Placement (2) *If applicable* _____

Name of WV Public School Placement _____

Name of Accredited WV Non-Public School Placement _____

Student Teacher IHE Supervisor _____

IHE Supervisor's Telephone Number _____

IHE Supervisor's Email _____

****A Focused Supervision Plan must be submitted with this application**

2. Cooperating Teacher

Name of Cooperating Teacher (1) _____

Name of Cooperating Teacher (2) *If applicable* _____

Holds a minimum of a
5-Year Certificate

YES NO

Holds a minimum of 3 years of experience
in the appropriate endorsement area(s)

YES NO

*For a NO response to either requirement, a letter of recommendation from the host school principal must be provided.

3. IHE and School District/School Verifications

The applicant has met all requirements of WVBE Policy including Praxis CASE except passing scores on content assessment(s) to receive a Restricted Clinical Experience Permit:

☐ YES ☐ NO

OR

The applicant is exempt from the Core Academic Skills for Educators (CASE) based on one or more of the following:

☐ SAT Score ☐ ACT Score ☐ GRE Score ☐ Holds a Master's Degree or Higher

☐ Currently seeking a Master's Degree in teaching, administration, or student support

☐ Other _____ Other Exemption: _____

Anticipated Clinical Placement

Content Specializations	Grade Level(s)	Name of School

IHE Enrollment Verification

If submitted as an initial application a background check is required. If re-applying within 12 months or one school year of the first application, a new background check will **not** be required IF candidates have had no interruption in their preparation and have been continuously enrolled. IF they leave the program and re-apply, fingerprints/background will be required again. Mark **ONE** of the below options:

☐ Initial Application

☐ Applicant has left the program and is re-applying

☐ Applicant is re-applying within 12 months or one school year of the first application and they have had no interruption in their preparation and have been continuously enrolled

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above-requested placement under a Focused Supervised experience and I understand that the candidate has not met the minimum required passing scores on the WVBE-required licensure content assessment.

IHE Signature _____ Date _____

I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above requested placement based on meeting proficiency requirements to enter the clinical experience.

Signature of Superintendent _____ Date _____