

1. Applicant Information				2. Disclosure of Background Information			
Social Security Number Birth Date (MM-DD-YYYY)	Male Prefer Not to Answer	US Citizen: Yes No	Military Service: US Veteran or Spouse of US Veteran	If you answer yes to any ques- tion below, submit a narrative with your application. The narra- tive should include dates, locations, school systems, and any/all other information that explains the cir- cumstance(s) in detail.	YES	ON	Previously Submitted
Last Name (If your name has changed since your last applica Street Address	1) Have you ever had adverse ac- tion 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.						
Primary Phone Email (Required) Are you employed by a West Virginia School Syste	2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of miscon- duct?						
	ate Race and Ethnicity (Check all tha White Asian		frican American	3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?			
Middle Eastern/North African (MENA)	American Indian/Alaskan Native 3. Applicant Signature	Native Hawaiia	n/Other Pacific Islander	4) Is any action now pending against you for alleged misconduct in any school district, court, or be- fore any educator licensing agency?			
I swear or affirm under the penalty of false swea best of my knowledge. I understand that any fals denial, suspension, or revocation of the license(s Any information submitted or on record may be o	5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*						
Any information submitted or on record may be of Signature of Applicant	6) Have you ever been arrested, charged with, or convicted of a misdemeanor? (For the purpose of this application, minor traffic viola- tions should not be reported.)						
Fingerprinting instructions at https://wvde	Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported.*						
<ul> <li>I have previously received Certification in WV.</li> <li>I have never held WV Certification and will cor by IdentoGo (https://www.identogo.com). A finger</li> </ul>	*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dis- missed:						
5. Superintendent Recon	1) Charging Document; and						
 Signature of Superintendent/Multi-County CTE Administrator, or W	VSDT Superintendent/designee Cou	nty	Date				

West Virginia department of	Form 20WV WVDE Alternative Pathway (Option #4)-Professional Teaching Certificate				
REV 20240209 Certification Services Building 6, Suite 550 1900 Kanawha Boulevard, East Charleston, WV 25305 (304)558-7010	License Number or Social Security Number: To retrieve a License Number, visit <u>wveis.k12.wv.us/certcheck</u> To obtain a License Number, register online at <u>wveis.k12.wv.us/certportal</u> Last Name: First Name:				
1. Applicant	2. WVDE Verification				
I am applying for licensure based on completion of a WVDE Alternative Certification preparation program:	Applicants must submit passing scores for all WVBE-required licensure tests. Refer to WVBE Policy 5202 and the Licensure Testing Directory, at <u>https://wvde.state.wv.us/certification</u>				
WVDE Alternative Certification Program	$\Box$ YES $\Box$ NO The applicant has a qualifying GPA.				
SREB Alternative Certification Program	$\square$ YES $\square$ NO The applicant has successfully completed all of the program's coursework requirements.				
	YES NO The applicant's coursework included successful completion of a teacher performance assessment.				
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.	$\square$ YES $\square$ NO The applicant has met all WVBE requirements for testing, as described in the WV Licensure Testing Directory.				
	Applicant should be granted a license in the following area:				
	Endorsement	Grade Level(s)			
Signature of Applicant					
Date *Applicant Information Page must be attached to this application. *Please pay the application fee online at <u>wveis.k12.wv.us/certpayment</u> . Select paper application.	I have reviewed the disclosure of background information, and, to the best of my knowledge, the applicant is of good moral character and physically, mentally, and emotionally qualified to perform the duties of teacher. To the best of my knowledge, the applicant has disclosed information regarding any criminal conviction or currently pending charged felony or misdemeanor. I recommend that s/he be granted certification based on completion of our state-approved program.				
	Signature of WVDE Official	Date			