

Instructions for submitting tuition or fee reimbursement applications: (Forms 33, 36, and 37)

All reimbursement application forms submitted to Certification Services MUST include all required documentation for approval. The required documentation is listed on the appropriate form.

Any application received without all required documentation will be denied. To re-apply, a newly signed application must be submitted to the employing county school system.

The approval/denial status for all reimbursement forms will be displayed online only for the employing county and for the applicant. The state-approved reimbursement amount will be issued to the applicant by the employing county.

Reimbursement applications are processed on the fiscal year system. All forms received during each fiscal year (July 1 through June 30) will be processed by the end of that same fiscal year.

Reimbursement application information is available through:

<https://wveis.k12.wv.us/certcheck/>

After clicking the link, scroll down to select “reimbursements” and then “view details.”

Directions Page Only — Please do not submit this page to the WVDE.

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



West Virginia DEPARTMENT OF
EDUCATION

1. Applicant Information

Social Security Number _____ Gender: Check One Male Female Prefer Not to Answer
 US Citizen: Yes No
 Military Service: US Veteran or Spouse of US Veteran
 Birth Date (MM-DD-YYYY) _____

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.)

Street Address _____ City _____ State _____ Zip Code _____
 Primary Phone _____ Secondary Phone _____
 Email (Required) _____
 Are you employed by a West Virginia School System? (Circle Yes / No) If YES, please indicate the school system: _____

Indicate Race and Ethnicity (Check all that apply)

Hispanic White Asian Black/African American
 Middle Eastern/North African (MENA) American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

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. 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.

Signature of Applicant _____ Date _____

4. Fingerprinting Information

Fingerprinting instructions at <https://wvde.us/certification/certification-info/application-forms/first-time-application/>

I have previously received Certification in WV.
 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.

5. Superintendent Recommendation (Required if employed by 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 assigned duties. I recommend that s/he be granted certification.

Signature of Superintendent/Multi-County CTE Administrator, or WVSdT Superintendent/designee _____ County _____ Date _____

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 any/all other information that explains the circumstance(s) in detail.	YES	NO	Previously Submitted
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 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.



West Virginia DEPARTMENT OF
EDUCATION

REV 20220922

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

Form 36 — Tuition Reimbursement

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: _____

Applicant

List Courses Claimed for Reimbursement:

	Course Number	Name of College/University	# of Course Hours	Term
1				
2				
3				
4				
5				

Tuition	\$	
Mandatory Fees	\$	
Total Requested	\$	

I certify that I have read the criteria for tuition reimbursement and I meet all eligibility criteria. I further certify that all information I have provided on the application is accurate and that I have completed the course(s) indicated on the attached grade report. 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 and grounds for denial of reimbursement. I agree to repay all monies gained through submission of erroneous information.

Signature of Applicant _____ Date _____

This application *cannot be approved* without the following required documentation:

1. All courses being claimed for reimbursement must be listed.
2. A receipt with the name of your college/university verifying payment made in your name in full for the appropriate term(s) for the coursework claimed for reimbursement must be included.
3. A college/university transcript or grade report with the name of your college/university, the term, your name, the course name and number, the URL if downloaded, and the final grade received for the course(s) must be included.
4. Your county must complete and sign the appropriate section below.
5. A completed applicant information page signed by both you and your county must accompany this application.
6. You must sign and date this application page.
7. Faxed/emailed applications are not accepted.

This section must be completed and signed by the county to verify eligibility for Option 1 or Option 2.

As superintendent, I certify that the applicant is an educator as defined by W. Va. Code §18-1-1 and meets the criteria for tuition reimbursement as defined in WVBE Policy 5202, §126-136-23.1. I further certify that the course(s) listed on this application have been completed as follows:

Option 1: RENEWAL

The applicant is on a continuing contract, holds a Professional Certificate which must be renewed, and holds a salary classification of MA +15 or less (15 semester hours renewal reimbursement lifetime maximum).

County: _____
Date: _____

Option 2: SHORTAGE

The applicant has completed coursework in a shortage area and the shortage area is verified by the county on this application (15 semester hours shortage area reimbursement lifetime maximum).

County: _____
Date: _____
Shortage Area: _____

County Superintendent Signature _____

County Superintendent Signature _____