

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.



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 37 — National Board for Professional Teaching Standards (NBPTS) - Fee 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: _____

1. NBPTS Fee Reimbursement Request

- Enrollment** in the NBPTS Initial Program \$ _____
(first 1/2 of the program fee)
 - Completion** of the NBPTS Initial Program \$ _____
(remaining 1/2 of the program fee)
 - Extra Expenses** \$ _____
(up to a maximum of **\$600** allowable.
You must complete **Part 2** of this application.)
 - Maintenance** of the NBPTS Certification \$ _____
- Total Amount Requested:** \$ _____

2. Reimbursement of Extra Expenses

Please read the following instructions carefully:

Applicants who have completed the NBPTS program are eligible for reimbursement of actual expenses (**\$600 maximum**) incurred while completing the program, *unless a retake fee waiver has been granted.*

The expenses itemized below must be accompanied by receipts that are numbered and attached to an 8-1/2" x 11" sheet(s) of white paper. These items may include purchases such as tuition for NBPTS certification preparation classes, retake fees *not* waived, supplies, postage, equipment rental fees, etc. Items **ineligible** for reimbursement include any durable goods, such as computer or video equipment.

Date	Receipt #	Item	Cost

Total Amount Requested for Extra Expenses Only (Limited to \$600)

This completed application must include:

For Enrollment Fee Reimbursement

First Two Components

- A copy of correspondence from the NBPTS verifying enrollment in the program, with candidate ID number; **AND**
- A copy of an NBPTS receipt verifying the payment made to the NBPTS for the amount being claimed for enrollment fee reimbursement.

For Completion Fee Reimbursement

After Completion and Submission of All Four Components

- A copy of an NBPTS receipt verifying the payment made to the NBPTS for the amount being claimed for completion fee reimbursement; **AND**
- A copy of the NBPTS documentation verifying that all four components have been received by the NBPTS for final scoring; **OR**
- A copy of correspondence from the NBPTS verifying that retakes are needed; **OR**
- A copy of documentation from the NBPTS verifying that NBPTS board certification has been granted.

For Extra Expenses Reimbursement

- A numbered receipt for each item being claimed for extra expenses; **AND**
- A copy of documentation from the NBPTS verifying that NBPTS board certification has been granted; **AND**
- A completed Part 2 Section of this application page.

For Maintenance Fee Reimbursement

- A copy of an NBPTS receipt verifying the payment made to the NBPTS for the amount being claimed for maintenance fee reimbursement; **AND**
- A copy of documentation from the NBPTS verifying the new expiration date of the maintained NBPTS board certification.

Guidelines for NBPTS Reimbursement

In accordance with W. Va. Code §18A-4-2a regarding the NBPTS certification fee reimbursement program, the applicant for reimbursement must be a public school classroom teacher as defined in W. Va. Code §18A-1-1; meet all NBPTS eligibility criteria; and be enrolled in or have completed the NBPTS certification program while employed as a classroom teacher (or counselor) in the WV public school system. An applicant may be reimbursed only once for enrollment in and once for completion of the NBPTS program. Additionally, a classroom teacher who achieves NBPTS certification may be reimbursed a maximum of \$600.00 for actual extra expenses incurred while completing the NBPTS certification process.

I certify that I have read the criteria for fee 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 program requirements as indicated. 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 that I currently hold and grounds for denial of reimbursement or for repayment of such reimbursement to the State. I further certify that I am not requesting reimbursement for federal subsidy or other monies provided by a third-party payer and that all of the information I have provided on the application is accurate and truthful. I agree to repay all monies gained through submission of erroneous information.

Signature of Applicant _____

Date _____