

Instructions for the Fee Reimbursement and Salary Supplement Applications for: Speech-Language Pathologists, School Counselors, School Psychologists, and School Nurses

In accordance with HB 4117 and W.Va. Code §18A-4-2b, professional personnel in the West Virginia public schools who hold advanced certification by the American Speech-Language Association (ASHA), the National Board of Certified Counselors (NBCC), the West Virginia Board of Examiners in Counseling (WVBEC), the National Association of School Psychologists (NASP), or the National Board for Certification of School Nurses (NBCSN), and who meet other eligibility criteria as defined in W.Va. Code §18A-4-2b, may be awarded a salary supplement and/or national board fee reimbursement when employed in the public schools in the position in which they hold the board certification.

The number of speech-language pathologists, school counselors, school psychologists, and school nurses eligible for an annual salary supplement of \$2500 is limited to one hundred fifteen (115) combined total personnel annually beginning July 1, 2008, with an additional one hundred fifteen (115) such personnel per year every year, or as limited by legislative funding. The number of speech-language pathologists, school counselors, school psychologists, and school nurses eligible for a reimbursement of board certification fees and related expenses is limited to one hundred fifteen (115) combined total personnel beginning July 1, 2008, and an additional one hundred fifteen (115) such personnel per year every year thereafter, or as limited by legislative funding.

The one hundred fifteen personnel annually deemed eligible for the salary supplement and the one hundred fifteen personnel annually deemed eligible for the fee reimbursement will be determined by seniority among those applications received during each year. The criteria to determine seniority are: 1) total months that board certification has been held; 2) total months of employment in a school system in speech-language pathology, school counseling, school psychology, or school nursing; and 3) total months that West Virginia certification as a speech-language pathologist, school counselor, school psychologist, or school nurse has been held.

To apply for the **salary supplement**, please complete all pages of the Form 43 application. The required documentation to be submitted with the application is listed on the application.

To apply for the **fee reimbursement**, please complete all pages of the Form 33 application. The required documentation to be submitted with the application is listed on the application.

“Each calendar year, all Form 43 salary supplement applications and all Form 33 fee reimbursement applications will be accepted for review between January 1 through September 15 only.”

If you have questions, please contact the WVDE Certification Services at 1-833-627-2833, (304)558-7010, or jlmmorri@k12.wv.us.

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 20220923

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

Form 43 — Salary Supplement for ASHA, NBCC, WVBE, NASP, & NBCSN

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. Board Certification Verification

Please indicate the type of board certification held (check one only):

- American Speech-Language Hearing Association (ASHA)
- National Board of Certified Counselors (NBCC)
- West Virginia Board of Examiners in Counseling (WVBE)
- National Association of School Psychologists (NASP)
- National Board for Certification of School Nurses (NBCSN)

Initial Board Certification Effective Date: _____

Current Board Certification Expiration Date: _____

A copy of the board certificate, board certification card, and/or documentation from the board certification agency verifying both the initial effective board certification date and the current expiration date MUST be included with this application.

Applicant Information Page MUST be attached to this application.

2. Employment Verification — to be completed by the Employing County

Please indicate the position below in which the applicant is employed within the WV public school system:

- | | |
|--|--|
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> School Nurse |

Original School Employment Hire Date as a Speech-Language Pathologist, Counselor, Psychologist, or Nurse: _____

If there is a time lapse during total employment, such as for non-employed years, please indicate appropriate employment starting and ending dates:

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Signature of County Superintendent _____

Date _____