

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**

<b>If you answer yes to any question below, submit a narrative with your application.</b> 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.



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REV 20230718

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**Form 1N—First Class/Full-Time Permit for Non-IHE Programs (Non-Renewable)**

License Number or Social Security Number: \_\_\_\_\_  
To retrieve a License Number, visit [wveis.k12.wv.us/certcheck](http://wveis.k12.wv.us/certcheck)  
To obtain a License Number, register online at [wveis.k12.wv.us/certportal](http://wveis.k12.wv.us/certportal)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

1. Applicant	2. Approved Coursework or Program Officials	3. Employing County
<p>Name of institution or program where you are enrolled:</p> <p>_____</p> <p>Institution or Program Name</p> <p><b>By Signing this Agreement:</b></p> <p>A) I am making a formal commitment to complete the approved educational preparation program stated above.</p> <p>B) I agree to provide program officials with official seal-bearing transcripts.</p> <p>C) I understand that I must have passing scores or meet exemption criteria for the required basic skills and content Praxis exam(s).</p> <p>D) I understand that I must complete the entire program and satisfy all testing requirements for the professional license in the specialization(s) within the policy-allowed timeframe from the date of issuance of the original permit.</p> <p>E) I understand that <b>this permit is non-renewable</b>.</p> <p><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.</i></p>	<p><b>Verification of Program Enrollment:</b></p> <p>I verify that the individual on this application form is actively enrolled in an approved coursework option and has started or will begin the required program coursework on the date provided below.</p> <p>_____</p> <p>Institution or Program Name</p> <p>_____</p> <p>Endorsement _____ Grade Level _____</p> <p>_____</p> <p>Enrollment Date MM/DD/YYYY</p> <p>_____</p> <p>Signature of Designated Official</p> <p>_____</p> <p>Date</p>	<p><b>Verification of Employment:</b></p> <p>_____</p> <p>Name of School</p> <p>_____</p> <p>Assignment/Endorsement Area</p> <p><b>Date applicant will begin assignment:</b> _____</p> <p><b>Request for Licensure</b></p> <p><input type="checkbox"/> Original Permit</p> <p><b>Endorsement(s) requested:</b></p> <p>_____</p> <p>Endorsement _____ Grade Level _____</p> <p>_____</p> <p>Endorsement _____ Grade Level _____</p>
<p>Signature of Applicant</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>*Applicant Information Page must be attached to this application.</p> <p>*Please pay the application fee online at <a href="http://wveis.k12.wv.us/certpayment">wveis.k12.wv.us/certpayment</a>. Select paper application.</p>	<p><b>4. WVDE Alternative Certification Programs</b></p> <p>I verify that the applicant is enrolled and in good standing in the WVDE Alternative Certification Program and is either enrolled in an approved coursework option or has completed required coursework of an approved coursework option (substantially aligned to the West Virginia Professional Teaching Standards).</p> <p>_____</p> <p>Signature of WVDE Official</p> <p>_____</p> <p>Date</p>	<p><i>I verify that the applicant is the most qualified candidate for the posted <b>full-time position</b>. The applicant has provided passing scores or met exemption criteria for the required basic skills and content Praxis exam(s). I have informed the applicant that this permit is non-renewable, as specified in WVBE Policy 5202, and <b>s/he must meet certification requirements to be eligible for reassignment to this position</b>. 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 his/her duties as an educator. I recommend that the permit be granted.</i></p> <p>_____</p> <p>Signature of Superintendent _____ County</p> <p>_____</p> <p>Date</p>