

1. Applicant Information			2. Disclosure of Background Information				
Social Security Number Birth Date (MM-DD-YYYY)	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 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.				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 op 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.*						
 I have previously received Certification in WV. I have never held WV Certification and will comby IdentoGo (https://www.identogo.com). A finger 	*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 Recom	1) Charging Docume 2) Judgement Orc 3) Final Dispositio 4) All other relevant court o	ler; or n; and					
Signature of Superintendent/Multi-County CTE Administrator, or W	VSDT Superintendent/designee Cou	nty	Date				



REV 7.22.2021

Social Security Number: _____

First Name: _____

MI: _____

Applicant	Employing County	Institution of Higher Education
Name of Institution where you completed the requirements for certification:	Employing County	
	Employing School	Institution of Higher Education
By Signing this Agreement: A) I am making a formal commitment to successfully complete the required PRAXIS Exam to receive my certification.	Endorsement/Grade Range Required	Endorsement/Grade Range Completed
B) I understand that it is my responsibility to meet the requirements for certification and that this Pre-Professional Certificate is non-renewable.	Endorsement/Grade Range Required	
	Date Applicant Will Begin/Continue Assignment	
I swear or affirm under the penalty of false swearing that all infor- mation 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.	position in which no certified applicant has applied and I have informed the applicant this certificate is non-renewable and they must satisfy PRAXIS requirements as specified in WVBE	I verify that the applicant has completed all course requirements of the approved program while employed under a First-Class/Full-Time Permit for the endorsement area requested but has not attained the required passing scores on the Praxis content exams.
Signature of Applicant	Signature of Superintendent	
Date	Date	Date