

	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 swea best of my knowledge. I understand that any fals denial, suspension, or revocation of the license(s, Any information submitted or on record may be o	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 Document; and						
Signature of Superintendent/Multi-County CTE Administrator, or W	VSDT Superintendent/designee Cou	nty	Date				

WILL DEP									
West Virginia department of	Form 20PR -	Form 20PR — Renewal of the Provisional Teaching Certificate							
West Virginia department of EDUCATION	Social Security Number:								
REV 20210722		First Name:	MI:						
School District									
Renewal Requirements (Circle Yes or No)									
Y N The applicant continues to be employed in a West Virginia county school.									
Y N The applicant has received satisfactory evaluation(s) in the professional personnel evaluation process, pursuant to W. Va. Code §18A-2-12.									
I hereby certify and agree with the following statements: The applicant is employed within our school district, has received satisfactory evaluation(s) in the professional personnel evaluation process, and has been notified of requirements for conversion to the Professional Teaching Certificate pursuant to WVBE Policy and West Virginia State Code.									
Signature of the Employing Superintendent	School Distri	ct	Date						