

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 WVSOT 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.



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REV 20240208

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## Form 24A—Clinical Experience Renewal, Revision, or Conversion

License Number or Social Security Number: \_\_\_\_\_ **NO FEE REQUIRED**  
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. IHE Certification Officer Verification**

Name of IHE \_\_\_\_\_

State \_\_\_\_\_

Applicant's Endorsement Area \_\_\_\_\_

Grade Level \_\_\_\_\_

Experience Placement Dates \_\_\_\_\_

WV County of Placement \_\_\_\_\_

Name of WV Public School Placement \_\_\_\_\_

Name of Accredited WV Non-Public School Placement \_\_\_\_\_

Student Teacher IHE Supervisor \_\_\_\_\_

IHE Supervisor's Telephone Number \_\_\_\_\_

IHE Supervisor's Email \_\_\_\_\_

Applicants from institutions located outside WV (including online institutions) must have submitted and been approved for a Non-WV Out-of-State Clinical Experience Request (Form 23). If one has not been submitted and approved, a Form 24 cannot be approved.

Out-of-State IHE candidates must completed all required testing in accordance with their approved program.

Out-of-State IHE candidates must obtain the county superintendent's signature before this application is submitted to the West Virginia Department of Education.

**2. IHE Revision Request and School District/School Verification**

Change in County Placement

Renewal of Clinical Experience Permit

Conversion to the Long-Term Year-Long Residency Clinical Permit from a Short-Term Residency Permit\*\*

YES  NO \*\*The applicant has successfully completed the Praxis II Content Exam.

**Anticipated Clinical Placement**

Cooperating Teacher	Content Specializations	Grade Level(s)	Name of School
1st Placement <small>Check boxes to indicate requirements met. **For unmet requirements, a letter of recommendation from the host school principal must be provided.</small> <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience			
2nd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience			
3rd Placement <input type="checkbox"/> 5-Year Certificate <input type="checkbox"/> 3 Years Experience			

**IHE Enrollment Verification**

If submitted as an initial application a background check is required. If re-applying within 12 months or one school year of the first application, a new background check will **not** be required IF candidates have had no interruption in their preparation and have been continuously enrolled. IF they leave the program and re-apply, fingerprints/background will be required again. Mark **ONE** of the below options:

Applicant has left the program and is re-applying

Applicant is re-applying within 12 months or one school year of the first application and they have had no interruption in their preparation and have been continuously enrolled

*I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above-requested placement based on having met all necessary WVBE Policy and program requirements.*

IHE Signature \_\_\_\_\_ Date \_\_\_\_\_

*I certify that I have reviewed and can attest to the accuracy and truthfulness of the information provided in this application and I have included documentation verifying this information when necessary. I recommend that she/he be allowed to complete the above requested placement based on having met all necessary placement requirements.*

Signature of Superintendent, Multi-County Center \_\_\_\_\_ Multi-County Center \_\_\_\_\_ Date \_\_\_\_\_  
or WVSDT Superintendent \_\_\_\_\_ or WVSDT \_\_\_\_\_