



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.



REV 20210722

Form V8—Authorization for CTE Administrator

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Part 1: Applicant's Request

Please complete this form to request the Initial Temporary Authorization, renew the Temporary Authorization, or request the Permanent Authorization for the CTE Administrator to be added to a valid West Virginia Administrative Certificate.

If employed in a WV school system, the application should be submitted to the county certification officer prior to submitting it to the WVDE.

The county certification officer will then upload the document to Certification Services for further review and processing.

**Career Technical Education Administrator
PK-AD**

Please check the box that applies below:

<input type="checkbox"/>	Initial Temporary CTE Administrator Authorization
<input type="checkbox"/>	Renew Temporary CTE Administrator Authorization
<input type="checkbox"/>	Permanent CTE Administrator Authorization

Please submit the following with all requests made on the Form V8:

- 1) Official transcripts reflecting the two courses required (If applicable), AND
- 2) Signature of County Superintendent,
- AND
- 3) Applicant Information Page

Part 2: County Recommendation

Please provide the following information verifying the teaching and administrative experience for the applicant.

TEACHING AND/OR ADMINISTRATIVE EXPERIENCE	GRADE LEVEL	NAME OF PUBLIC SCHOOL OR CTE CENTER AND DATES
SPECIFIC CTE EXPERIENCE	GRADE LEVEL	LOCATION AND DATES

I certify that the applicant has successfully completed the above listed experience in order to receive the Initial Temporary, Renew the Initial Temporary, or Permanent CTE Administrator Authorization.

Signature of Superintendent or Multi-County Director _____ County/CTE Center _____ Date _____

Part 3: WVDE Recommendation

The applicant is eligible for the CTE Administrator Authorization as selected on the left column as per WVBE Policy 5202.

Designated WVDE Official _____ Date _____