



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.



West Virginia DEPARTMENT OF
EDUCATION

REV 20210722

Form 1R—Restricted First Class/Full-Time

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Applicant
<p>Name of Institution where you are enrolled/enrolling to complete requirements for certification: _____</p> <p>A) I am making a formal commitment to complete the state approved educational preparation program leading to licensure at the institution named above.</p> <p>B) I agree to furnish this institution with official transcripts from all of the institutions I have attended.</p> <p>C) I understand that I must complete at least six semester hours of credit with a minimum 3.0 GPA in each course each year to renew my permit or out-of-field authorization and must meet the GPA requirement to convert this permit within the 2 years allowed.</p> <p>D) I understand that I must satisfy all course and testing requirements for the professional license in this specialization(s) within five (5) years from the date of issuance of the original permit or three (3) years if permit is endorsed for superintendent.</p> <p>E) I understand that it is my responsibility to meet the renewal requirements for the First-Class/Full-Time Permit including GPA and that this Restricted Permit can only be renewed once.</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>Signature of Applicant _____</p> <p>Date _____</p>

Employing County
<p>___ Original Restricted First-Class/Full-Time Permit</p> <p>___ Renewal Restricted First-Class/Full-Time Permit</p> <p>___ Check here if this is a New Assignment</p> <p>Employing County _____</p> <p>Employing School _____</p> <p>Endorsement/Grade Range of Position _____</p> <p>Endorsement/Grade Range of Position _____</p> <p>Date Applicant Will Begin/Continue Assignment _____</p> <p><i>I verify that the applicant is the most qualified applicant for a position in which no certified applicant has applied and have informed the applicant that they must satisfy renewal requirements as specified in WVBE Policy 5202 or they will not be eligible for reassignment to this position.</i></p> <p>Signature of Superintendent _____</p> <p>Date _____</p>

Institution of Higher Education Recommendation			
<p>___ Applicant has made application to enroll in our accredited program leading to licensure in an endorsement area as per WVBE Policy, but does not have the minimum GPA of 2.5 required.</p> <p>___ Applicant is enrolled in an accredited program leading to licensure in an endorsement area as per WVBE Policy but does not have the minimum GPA of 2.5 required.</p> <p>___ Applicant has NOT completed 25% of the program requirements.</p>			
Endorsement _____	Grade Level _____		
Endorsement _____	Grade Level _____		
<p>I certify the applicant does not have the required 2.5 GPA or has completed six hours of renewal credit with a minimum 3.0 GPA in each course and still has not obtained the 2.5 GPA required for an Initial First-Class/Full-Time Permit. The renewal credits are within the approved program leading to licensure and in accordance with the applicant's assignment listed on this form (Courses must be listed below).</p> <p>Signature of Designated Institutional Official _____</p> <p>Title _____ Date _____</p>			
RENEWAL COURSEWORK ONLY BELOW			
Term	Course Number & Title	Grade	Hours