Office of Certification Building 6, Suite 550 1900 Kanawha Boulevard, East Charleston, WV 25305 (304)558-7010



		1. Applic	cant Information				2. Disclosure of Background Information			
Social Security Number Birth Date (MM-DD-YYYY)			Gender: Check One ☐ Male ☐ Female ☐ Prefer Not to Answer	US Citize Yes No	n:	Military Service: US Veteran or Spouse of US Veteran	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	ON	Previously Submitted
Last Name (If your name has changed since your last Street Address	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.									
Primary Phone Email (Required) Are you employed by a West Virginia School	2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?									
Hispanic	Indicate F		thnicity (Check all tha		Black/Africa	an 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 ☐ Native Hawaiian/Other Pacific Islander 3. Applicant Signature							4) Is any action now pending against you for alleged misconduct in any school district, court, or before 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.							felony?* 6) Have you ever been arrested, charged with, or convicted of a			
Signature of Applicant Date							misdemeanor? (For the purpose of this application, minor traffic viola- tions should not be reported.)			
4. Fingerprinting Information							Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or			
Fingerprinting instructions at https://		ertification	/certification-info/appli	cation-forms	s/first-time	e-application/	other drugs (DUI) must be reported.*			
$\hfill \square$ I have never held WV Certification and by IdentoGo (https://www.identogo.com).	*For a YES response to items 5 and 6, the following must be included for all charges, including those that have been dismissed:									
5. I	nstitutior	n of Highe	er Education Recom	mendatio	n			ent: and		
I certify that I have reviewed and can att have included documentation verifying to knowledge, the applicant is of good mon recommend that s/he be granted certification	2) Judgement Order; or									
							,			
Signature of Institution of Higher Education Recommenda	ation Designee		Date							



Form 24T—Temporary Teaching Certificate for Program Completers

EDUCATION	Social Security Nur	nber:					
REV 20230717	Last Name:	First	Name:	MI:			
Applicant	Institutional Recommendation						
I am applying for licensure based on: (1) Completion of an approved educational personnel preparation program through a regionally accredited institution and have completed all preparation and policy requirements except the content Praxis (with two) I understand this is a one-year certificate and may be renewed twice if all requirements as per WVBE Policy 5202 are met. Higher education—**Official transcripts required. Option 1—Institutional official must complete the remainder of the application verifying completion of approved program.	Program completion verification The applicant successfully completed** an approved program *** leading to certification in the public schools of the state and has met all						
Please provide the following information:	Endorsement***	Grade Levels	Endorsement***	Grade Levels			
Name of College/University							
Candidates who completed the program prior to January 1, 2020, must complete the module on school safety and social/emotional wellbeing. *This includes completion of the program as approved by the approving state which include but not limited to residency, clinical experiences, student teaching, and any ot quired components such as an approved teacher performance assessment.							
Name/Title of Certification Official from University	· · ·		•				
I swear or affirm under the penalty of perjury 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.	moral character and physic knowledge, the applicant h	sure of background information, a cally, mentally, and emotionally quas disclosed information regarding ommend that s/he be granted cer	ualified to perform the duties of gany criminal conviction or curr	teacher. To the best of my ently pending charged felo-			
Signature of Applicant Date	Signature of Institution Off	ncial Institu	tion	Date			