



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.



Form 65 — Initial Professional Certificate (Licensure Conversion)

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

The applicant is applying for conversion of a valid Non-United States Citizen Permit or a Non-Transferable Certificate (Cert 26) to the following Transferable Certificate (select one):

- Initial Professional Teaching Certificate
 Initial Professional Student Support Certificate
 Initial Professional Administrative Certificate
 5 Year Professional Certificate (Teaching, Student Support or Administrative)
 Permanent Professional Certificate (Teaching, Student Support or Administrative)

Part 1: Conversion Information

| | |
|---------|---|
| N/A Y N | Applicant currently holds a valid Non-United States Citizen Permit and is applying for conversion to the identified Initial Professional Certificate(s). The applicant meets all conversion requirements for the requested certificate. |
| N/A Y N | Applicant has acquired US Citizenship or Permanent Residency. (appropriate official US government documentation required) |
| N/A Y N | Applicant has passed all WVBE required exams necessary, as applicable, to hold the identified certificate. (ex. basic skills, content and professional education for teaching) |
| N/A Y N | Applicant currently holds non-transferable certificate and is applying for conversion to an initial Professional Certification. |

**Part 2—Renewal/Conversion Options
If Permit is Expiring** (all coursework for renewal requires 3.0 GPA)

| Select one | Options |
|------------|--|
| | Six (6) semester hours of coursework related to the ipublic school program. |
| | Six (6) semester hours of coursework prescribed by the county as a result of an evaluation |
| | Master’s plus 30 hours Salary Classification Minimum. |
| | Age 60 or greater (<i>photocopy of birth certificate required six (6) semester hours not required</i>) |
| | Five Year Certificate, Master’s, Beginning Educator Internship and five (5) years full-time experience. (Permanent Only) |
| | National Board for Professional Teaching Standards Certification “reflected on WV Credential.” |
| | <p>Part 3—Beginning Educator Internship</p> <p>Completion Date Of Beginning Educator Internship (Required for Teaching Certificate)</p> <p>_____</p> |

Part 4—Superintendent’s Verification of Applicant’s Experience (To be completed by county official, if applicable)

In the space below, please provide verification of experience needed to convert a certificate or apply for a permanent certificate:

| School Year | Employing County | Location | Grade Level Assignment |
|-------------|------------------|----------|------------------------|
| | | | |
| | | | |

**Valid Permanent Resident Card, Employment Authorization Document (EAD), or work permit issued by the United States citizenship and Immigration Services (USCIS) required.

Signature of Superintendent:

Date:

Signature of Applicant:

Date: