

Application for
Temporary Authorization
Original OR Renewal
(Instructional)

WV DEPARTMENT OF EDUCATION BUILDING 6, ROOM 252 1900 KANAWHA BOULEVARD, EAST CHARLESTON, WV 25305-0330 (OFFICE USE ONLY)
DATE RECEIVED BY WVDE
CHECK NO. _____
DATE MAILED _____

PART I - Date Received by County _____

PART II - PERSONAL STATEMENT OF APPLICANT
PLEASE TYPE OR PRINT IN INK.

1. Social Security Number _____ E-Mail _____
(Optional)
2. Name _____
Last First Middle Previous Name(s)
3. Address _____
Street City State Zip Code
4. Sex ☐ Male ☐ Female 5. Birth Date: _____
Month Day Year
6. List the college or university which conferred each degree and the year in which each was conferred.
- | | | |
|----------------------|-------|------------|
| a. Bachelor's Degree | _____ | Year _____ |
| b. Master's Degree | _____ | Year _____ |
| c. Doctorate | _____ | Year _____ |

If you are not a college graduate and you have completed college credit, name the college where your credits were earned.

7. Please mail my license to _____ List total hours completed _____
County Schools.
8. Are you a United States citizen? ☐ Yes ☐ No

I certify that the information given above is correct and hereby apply for the authorization for the following:

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Alternative Education | <input type="checkbox"/> Jobs for West Virginia Graduates | <input type="checkbox"/> ROTC |
| <input type="checkbox"/> Career Major Introductory Courses | | |
| <input type="checkbox"/> Agriculture and Natural Resources | | |
| <input type="checkbox"/> Introduction to Health Care | | |
| <input type="checkbox"/> Foundations in Engineering or Exploring Technology | | |
| <input type="checkbox"/> Human Services, Development and Relationship | | |

PART III – DISCLOSURE OF BACKGROUND INFORMATION

If you answer "YES" to any questions below, **SUBMIT** with your application a complete narrative including dates, places, any school systems involved, and other circumstances.

For a "Yes" response on Items 5 and 6, also **INCLUDE** the following:

- a) Judgment Order **OR**
- b) Final Order **OR**
- c) Magistrate Court Documentation
- d) **AND** Any Other Relevant Court Documentation

1. Have you ever had adverse action taken against any application, certificate, or license in any state? (adverse actions include the following: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender for cause, or cancellation.)

☐ Yes ☐ No **Documentation Previously Provided on This Incident Date(s):** _____

2. Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?

☐ Yes ☐ No **Documentation Previously Provided on This Incident Date(s):** _____

3. Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?

☐ Yes ☐ No **Documentation Previously Provided on This Incident Date(s):** _____

4. Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?

☐ Yes ☐ No **Documentation Previously Provided on This Incident Date(s):** _____

5. Have you ever been convicted of or are you currently charged with or under indictment of a felony?

☐ Yes ☐ No **Documentation Previously Provided on This Incident Date(s):** _____

6. Have you ever been convicted of or are you currently charged with a misdemeanor? (For purposes of this application, minor traffic citations 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.**)

☐ Yes ☐ No **Documentation Previously Provided on This Incident Date(s):** _____

OATH

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.

Signature of Applicant

Date

PART IV – SUPERINTENDENT’S RECOMMENDATION
(Check the appropriate authorization and sign below.)

A. ALTERNATIVE EDUCATION

I certify that the applicant holds a valid West Virginia Professional Teaching Certificate and meets the criteria for working with troubled and disruptive youth. I certify that the applicant is the most qualified candidate available; therefore, I recommend that she/he be granted the following:

☐ original authorization

☐ renewal of an authorization.

B. CAREER MAJOR INTORDUCTORY COURSES

I recommend the applicant be granted the following:

☐ original authorization

☐ renewal of an authorization.

C. ROTC

I certify that the applicant is the most qualified candidate available; therefore, I recommend that she/he be granted the following::

☐ original authorization

☐ renewal of an authorization.

Enclosed is a valid certificate or letter certifying that the applicant is approved by the appropriate branch of armed services.

I have review 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 duties of the position for which he or she is recommended.

Date

Signature of Superintendent

County

D. JOBS FOR WEST VIRGINIA GRADUATES

I certify that the applicant is the most qualified candidate for the position, and I recommend that he/she be granted the following:

☐ original authorization

☐ renewal of an authorization.

I have attached the applicant’s bachelor’s degree transcript and verification of the required training.

I have review 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 duties of the position for which he or she is recommended.

Date

Signature of Director
Jobs for West Virginia Graduates

**Supplement to Form 38
Temporary Authorization
for Speech Assistant**

In order to qualify for a temporary authorization for Speech Assistant, an applicant must hold a minimum of a bachelor's degree in speech pathology or communication disorders from an accredited institution be currently employed as a speech assistant by a West Virginia County Board of Education

PART I – PERSONAL STATEMENT OF APPLICANT

PLEASE TYPE OR PRINT IN INK.

- | | | | |
|---------------------------|--------|--------|------------------|
| 1. Social Security Number | E-Mail | | |
| 2. Name | | | |
| Last | First | Middle | Previous Name(s) |
| 3. Address | | | |
| Street | City | State | Zip Code |

I, _____, understand that I may conduct only specific components of a speech and language delivery program under the direction and guidance of a certified speech-language pathologist. I may execute only those tasks that are within the scope of my responsibilities and that I have the necessary training and expertise to perform as determined by the West Virginia Department of Education, Office of Special Education.

Date_____
Signature of Applicant**PART II – SUPERINTENDENT'S VERIFICATION OF EMPLOYMENT AND ASSIGNMENT**

I verify that no fully certified speech-language pathologist applied for the position being filled by this applicant and that the applicant

- ☐ holds a minimum of a bachelor's degree in speech pathology or communication disorders from an accredited institution
☐ is currently employed as a speech assistant by _____ County Board of Education

Date_____
Signature of Superintendent

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APPLICANT'S CHECKLIST

(Check items below to ensure that your application is processed.)

ALTERNATIVE EDUCATION AND CAREER MAJOR INTRODUCTORY COURSES

- ☐ Complete Part II.
- ☐ Complete Part III
- ☐ Sign and date application.
- ☐ Attach \$15 nonrefundable licensure fee made payable to WVDE (Check or money order only).
- ☐ Submit application to the county superintendent.

JOBS FOR WEST VIRGINIA GRADUATES

- ☐ Complete Part II.
- ☐ Complete Part III.
- ☐ Sign and date application.
- ☐ Complete Form 3 and fingerprint card if you have never been licensed by WVDE.
- ☐ Attach nonrefundable fee made payable to WVDE (Check or money order only).
 - \$15 for previously licensed applicants
 - \$49 for new applicants
- ☐ Submit application to the director of Jobs for West Virginia Graduates.

ROTC

- ☐ Complete Part II.
- ☐ Complete Part III.
- ☐ Sign and date application.
- ☐ Complete Form 3 and fingerprint card if you have never been licensed by WVDE.
- ☐ Attach nonrefundable fee made payable to WVDE (Check or money order only).
 - \$15 for previously licensed applicants
 - \$49 for new applicants
- ☐ Enclose verification from armed service that you are approved to teach ROTC.
- ☐ Submit application to the county superintendent

SUPERINTENDENT'S CHECKLIST

- ☐ Complete Part I.
- ☐ Review the "Disclosure of Background Information" (Part III).
- ☐ Complete Part IV.
- ☐ Attach the fee and all supporting documents to the application and forward to WVDE.

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