



Office of Professional Preparation  
 Building 6, Room 722  
 1900 Kanawha Boulevard East  
 Charleston, WV 25305  
 304-558-7010 7/01/14

## Applicant Information Page

Date Received by County Board of Education: \_\_\_\_\_

Date Received by Institution of Higher Education: \_\_\_\_\_

Check if applicable:

- Self or spouse on Active Duty  
 Self or spouse within 6 months after Active Duty

See our website for additional documents required.

### Part 1 -Applicant Information

Social Security Number \_\_\_\_\_ Birth Date (MM-DD-YYYY) \_\_\_\_\_ Gender (M or F) \_\_\_\_\_ US Citizen ( Y or N) \_\_\_\_\_ US Veteran or Spouse of veteran ( Y or N) If Yes complete box -top right \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Previous Last Name (Maiden) \_\_\_\_\_  
 (If your name has changed since your last application, **proof of name change must be attached** e.g. photocopy of marriage certificate, etc.)  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

List the institutions from which a degree has been earned			Are you currently employed by a West Virginia School System?		Do you currently hold a License to work in the public schools of West Virginia?	
College/University	Degree	Date	Yes	No	Yes	No

If YES, please indicate the school system: \_\_\_\_\_

Do you currently hold a License to work in the public schools of another state? Yes No

### Part 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.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

A non-refundable fee is required for each application. You may pay online at <https://wveis.k12.wv.us/certpayment/>. Applications attached:

Supporting documentation attached:  
 (non-fee required Forms, e.g. Forms 4B, 7, V10, V16)

Form # \_\_\_\_\_ Form # \_\_\_\_\_ Form # \_\_\_\_\_  
 Form # \_\_\_\_\_ Form # \_\_\_\_\_ Form # \_\_\_\_\_

### Part 4—Fingerprinting Information

**First-time applicants are required to have fingerprints processed by L-1 Solutions (L1enrollment.com).**

- I have previously received Certification in WV and understand that I do not need to re-submit my fingerprints.
- I have never held WV Certification and have recently submitted my fingerprints to L1 Solutions on \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (L1 Transaction # \_\_\_\_\_)

### Part 5 - Superintendent Recommendation (Required if employed in 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 duties of a teacher. I recommend that s/he be granted certification.*

Signature of Superintendent \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

### Part 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 all/any other information that explains the circumstance(s) in detail.

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. \*

YES	NO	Documentation Attached

\* For a YES response to items 5 & 6, the following must be included for all charges, including those that have been dismissed or expunged: 1) Judgment Order; **OR** 2) Final Order; **OR** 3) Magistrate Court Documentation; **AND** 4) all other relevant court documentation.



REV20110701

## Form V7—Career Technical Certification

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Part 1—Applicant		Part 2—Employing County		Part 3—Institutional Recommendation	
Select the appropriate action below. If you are renewing a certificate, you must indicate the institution where the credits for renewal were obtained and list the course(s) and other applicable information in Part 1A below.		Identify the appropriate request from the options below. When appropriate, identify the requested endorsements. When work experience is required, verify work experience in Part 2A below.		The educator has successfully completed the requirements for renewal of her/his Full-Time Career/Technical Permit and I recommend the certificate be granted.	
<b>X</b>	<b>Action Requested</b>	<b>X</b>	<b>Action Requested</b>	<b>X</b>	<b>Action Requested</b>
	Original Career/Technical		Original Career/Technical		Original Career/Technical
	Renewal of Career/Technical		Renewal of Career/Technical		Renewal of Career/Technical
	Permanent Career/Technical		Permanent Career/Technical		Permanent Career/Technical
	Additional Endorsement		Additional Endorsement		Additional Endorsement
Institution where course(s) were completed:		Endorsement(s) requested:		Endorsement(s) requested:	
<b>Part 1A: Completed Coursework</b>					
<b>Term</b>	<b>Course Number &amp; Title</b>	<b>Grade</b>	<b>Hours</b>	_____ WVU TECH Career Technical Education Chair  _____ Institution  _____ Date	
<b>Part 2A: Verified Work Experience</b>					
In the space below, please provide verification of experience to convert a certificate or apply for a permanent certificate:					
<b>School Year(s)</b>	<b>Employing County</b>	<b>Specific Assignment</b>	<b>Grade Level Assignment</b>	NOTES:	
<b>NOTE: Official seal-bearing transcripts must be included with this application, when applicable. Applicant Information Page must be attached.</b>					