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



1. Applicant Information			2. Disclosure of Background Information				
Social Security Number Birth Date (MM-DD-YYYY)	Prefer Not to Answer		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 Firs (If your name has changed since your last applied) Street Address	cation, proof of name change must be att	tached, e.g. copy of marria	Zip Code	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				Nave you ever been disciplined, reprimanded, suspended, or			
Email (Required) Are you employed by a West Virginia School Sys		discharged from any employment because of allegations of miscon- duct?					
Indi	icate Race and Ethnicity (Check all th	hat apply)		Have you ever resigned, entered into a settlement agreement, or			
Hispanic	☐ White ☐ Asian	■ Black/Afric	can American	otherwise left employment as a result of alleged misconduct?			
☐ Middle Eastern/North African (MENA)	☐ American Indian/Alaskan Native	■ Native Hawaiian/C	Other Pacific Islander	4) Is any action now pending against you for alleged misconduct in any school district, court, or be-			
	3. Applicant Signature			fore any educator licensing agency?	\longmapsto		
I swear or affirm under the penalty of false sw best of my knowledge. I understand that any fa denial, suspension, or revocation of the license,	5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony?*						
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	rópen to public inspection and/or publication a	as per our privacy policy lo	cated on our website.	Have you ever been arrested, charged with, or convicted of a misdemeanor? (For the purpose of the purpose of the purpose)			
Signature of Applicant	open to public inspection and/or publication of	as per our privacy policy lo	cated on our website. Date	charged with, or convicted of a misdemeanor? (For the purpose of this application, minor traffic viola- tions should not be reported.)			
	4. Fingerprinting Informatio	as per our privacy policy loc	cated on our website.	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			
	4. Fingerprinting Informatio	as per our privacy policy loo		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			
Signature of Applicant Fingerprinting instructions at https://wvd	4. Fingerprinting Informatio de.us/certification/certification-info/app	on plication-forms/first-tim		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			
Signature of Applicant Fingerprinting instructions at https://wvd	4. Fingerprinting Informatio de.us/certification/certification-info/app V. complete at background through IdentoGo. All	on Il firsttime applicants must	Date ne-application/ have fingerprints processed	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 included for all charges, including the	6, the fo	ollowing r ∵have be	must be en dis-
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Revised 10.15.2024

Form 1S—Student Support First Class/Full-Time Permit

Social Security Number:		
Last Name:	First Name:	MI:

Applicant	Employing County	Institution of Higher Education Recommendation			
Name of Institution where you are enrolled/enrolling to complete requirements for certification:	Original First-Class/Full-Time Permit (Certificate 81)Renewal First-Class/Full-Time Permit (Certificate 81-2)Check here if this is a New Assignment	Original Permit (Certificate 81) Candidate has completed 30 percent or 21 graduate semester hours, whichever is greater, of the IHE-approved program in school counseling where the candidate has commenced pre-clinical/field experience coursework. Candidate has completed 70% of the IHE-approved program for School Psychologist. Candidate has NOT me the minimum requirements in School Counseling or School Psychologist to receive a permit.			
By Signing this Agreement: A) I am making a formal commitment to complete the IHE	Employing County	Candidate has completed 25% of the state-approved program for Speech-Language Pathologist or Social Services and AttendanceCandidate has NOT completed 25% of the state-approved program for Spee Language Pathologist or Social Services and Attendance.			
 approved educational preparation program leading to licensure at the institution named above. B) I agree to furnish this institution with official transcripts from all of the institutions I have attended. 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. D) I understand that I must satisfy all course and testing re- 	Endorsement Required For Position and Grade Range of Position	Renewal Permit (81-2) Candidate has completed six semester hours of coursework in a state-approve program for School Counseling or School Psychologist. Candidate has NOT completed six semester hours of courses in the IHE-approve program for School Counseling or School Psychologist. Candidate has completed 25% of the IHE approved program leading to licensur including 6 hours of coursework with a "B" or above in each course for Speech-Language Pathologist, or Social Services and Attendance List courses completed for renewal below at the bottom box.			
quirements 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. E) I understand that it is my responsibility to meet the renewal requirements for the First-Class/Full-Time Permit or Out-of-Field Authorization.	Date Candidate Will Begin Position/Continue Position A copy of the job posting for all initial permits is included. The on-line waiver has been submitted (if applicable).	Candidate has not completed 25% of the program and not eligible to renew the permit for Speech-Language Pathologist, or Social Services and Attendance. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
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 verify that this candidate is the most qualified individual for a position in which no certified candidate has applied and I have informed the candidate that they must satisfy renewal requirements as specified in WVBE Policy 5202 or they will not be eligible for reassignment to this position.	I certify the applicant is enrolled in a program leading to licensure in accordance with the applicant's endorsement listed on the Employing County section on this form. Signature of Designated IHE Official Date List Renewal Coursework Below			
Signature of Candidate	Signature of Superintendent	Term Course Number & Title Grade Hours			
Date	 Date				